

FEDERAL BUREAU OF INVESTIGATION
FOI/PA
DELETED PAGE INFORMATION SHEET
FOI/PA# 1292095-0

Total Deleted Page(s) = 1

Page 255 ~ Referral/Direct - 67-HQ-87294 Serial 306/Army;

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UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON 25, D. C.

In Reply, Please Refer to
File No.Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name [REDACTED] Relationship WIFE Date 2/24/60Address 3806 JEFFRY STREET, SILVER SPRING, MARYLAND

b6

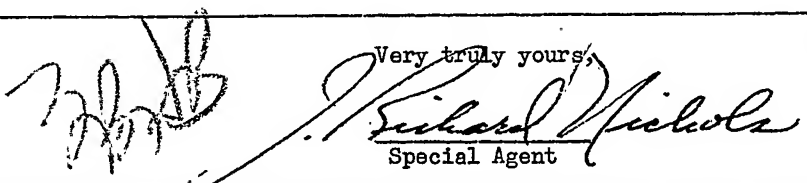
b7c

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty.

Name [REDACTED] Relationship WIFE Date 2/24/60Address SAME AS ABOVE

MAR 16 1960

Very truly yours,


Special Agent

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE**

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b7c

REPORT OF PERFORMANCE RATING

Name of Employee: _____

J. RICHARD NICHOLS

Where Assigned: _____

WASHINGTON FIELD OFFICE

(Division)

(Section, Unit)

Official Position Title: _____

SPECIAL AGENT, GS-13

Rating Period: _____

from **APRIL 1, 1959**

to _____

MARCH 31, 1960

ADJECTIVE RATING: _____

EXCELLENT

Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

Rated by: _____

George G. Duffy

Signature

GEORGE G. DUFFY**STAFF
SUPERVISOR****3/31/60**

Date

Reviewed by: _____

James H. Gale

Signature

JAMES H. GALE**SPECIAL AGENT
IN CHARGE****3/31/60**

Date

Rating Approved by: _____

M. P. Callahan

Signature

Assistant Director

APR 18 1960

Date

TYPE OF REPORT

☒ Official☒ Annual

REC-140

☐ Administrative☐ 60-Day☐ 90-Day☐ Transfer☐ Separation from Service☐ Special

301

*Card noted
4-20-60
AM.**Huk*

NARRATIVE COMMENTS

Note: The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION. UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee J. RICHARD NICHOLSTitle SPECIAL AGENT, GS-13Rating Period: from 4/1/59 to 3/31/60

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared. Rate items as follows:

+ Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

1. "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - A. Any element rated "Unsatisfactory" must be supported by narrative comments.
 - B. An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- E (1) Personal appearance.
E (2) Personality and effectiveness of his personal contacts.
+ (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).
E (4) Physical fitness (including health, energy, stamina).
+ (5) Resourcefulness and ingenuity.
E (6) Forcefulness and aggressiveness as required.
+ (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
+ (8) Initiative and the taking of appropriate action on own responsibility.
+ (9) Planning ability and its application to the work.
E (10) Accuracy and attention to pertinent detail.
+ (11) Industry, including energetic, consistent application to duties.
E (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.
+ (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
✓ (14) Technical or mechanical skills.
+ (15) Investigative ability and results:
 - O (a) Internal security cases
 - O (b) Criminal or general investigative cases
 - O (c) Fugitive cases
 - + (d) Applicant cases
 - O (e) Accounting cases- ✓ (16) Physical surveillance ability.

- ✓ (17) Firearms ability.
✓ (18) Development of informants and sources of information.
E (19) Reporting ability:
 - E (a) Investigative reports
 - O (b) Summary reports
 - E (c) Memos, letters, wires
(Consider: E conciseness; E clarity; E organization; E thoroughness; E accuracy; E adequacy and pertinency of leads; E administrative detail.)- O (20) Performance as a witness.
- O (21) Executive ability:
 - _____ (a) Leadership
 - _____ (b) Ability to handle personnel
 - _____ (c) Planning
 - _____ (d) Making decisions
 - _____ (e) Assignment of work
 - _____ (f) Training subordinates
 - _____ (g) Devising procedures
 - _____ (h) Emotional stability
 - _____ (i) Promoting high morale
 - _____ (j) Getting results
- ✓ (22) Ability on raids and dangerous assignments:
 - O (a) As leader
 - ✓ (b) As participant
- ✓ (23) Organizational interest, such as making of suggestions for improvement.
- E (24) Ability to work under pressure.
- E (25) Miscellaneous. Specify and rate:
 - E Dictation ability _____

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): SGE and LEUN

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): _____

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: _____

EXCELLENT

EMPLOYEE'S INITIALS _____

Outstanding, Excellent, Satisfactory, Unsatisfactory

J. RICHARD NICHOLS
SPECIAL AGENT, GS-13
ANNUAL PERFORMANCE RATING

PART I - GENERAL COMMENTS

SA NICHOLS is a well proportioned individual who dresses in good taste. He possesses a pleasant personality and favorably impresses those contacted by him.

During the rating period he has been assigned to the Applicant Squad, specifically handling SGE and LEUN cases involving agency checks. On occasion, where the occasion required, he handled SGE and LEUN cases requiring outside investigations. He has demonstrated the capability of handling complicated inquiries with a minimum of supervision. He is an extremely energetic employee who has continually produced a large volume of assignments. His investigations have been thorough and complete, and the results of his inquiries are reported in succinct, accurate fashion. He is willing and co-operative, and his over-all performance during the period has been excellent.

He is rated excellent in dictation. He is capable of strenuous physical exertion, is available for general and special assignment, is qualified in the use of firearms, and capable of participating in raids and dangerous assignments.

Rating: EXCELLENT


Initials

PART II - SPECIFIC COMMENTS

1. Justification for Any Minus Ratings Given:
N. A.
2. Experience and Ability as Inspector's Aide:
N. A.
3. Participation in Informant Programs:
He has not participated in the informant program during the period in view of the nature of his assignment. He is constantly alert to its needs and utilizes available sources.
4. Testifying Experience and Ability: None during period. He has previously given satisfactory testimony before U. S. Commissioners
5. Disciplinary Action: and in District Court.
N. A.
6. Accounting Information:
N. A.
7. Police Instruction:
N. A.
8. Sound Training:
N. A.
9. Resident Agents:
N. A.

PART II - SPECIFIC COMMENTS (cont'd)

10. Foreign Language Ability: N. A.

- (a) Specific language in which proficient
- (b) Did agent complete language school
- (c) Is Agent fluent to extent that he can handle typical investigative problems in:
 - (1) Conversation form
 - (2) Written form
- (d) Rate Agent excellent, very good, good, fair, or unsatisfactory in ability to
 - (1) Read
 - (2) Write
 - (3) Speak
 - (4) Understand
- (e) Frequency of use during rating period

11. Administrative Advancement:

Is Agent: (a) Interested in Yes.

If answer to (a) is no, then (b), (c), (d), and (e) need not be answered.

- (b) Completely available for Yes.
- (c) Considered completely qualified at present for administrative advancement including experience, ability, personality and appearance Yes.
- (d) If answer to (c) is "Yes," would you consider his qualifications


(1) Very good

~~XXXXXXXXXXXX~~

~~XXXXXXXXXXXX~~

- (e) If answer to (c) is "No," does he have potential for future administrative advancement?
If (e) is applicable, explanatory comments are required.

Rating: EXCELLENT



Initials

SAC, WFO

12-10-60

Director, FBI

PERSONAL ATTENTION

J. RICHARD NICHOLS

b6
b7C**SPECIAL AGENTS
PHYSICAL EXAMINATION MATTERS**

- ☐ Rebulet _____.
- ☐ Reurlet _____.
- ☐ Re Physical Examination _____.
- ☐ Submit Physical Examination Report.
- ☐ Advise Bureau re physical condition.
- ☐ Advise Bureau if dental work has been completed.
- ☒ Advise Bureau if vision has been corrected to 20/20.
- ☐ Submit results of ☐ chest x-ray, ☐ urinalysis,
☐ serology, immediately.
- ☐ Submit statement from doctor advising if Agent is
qualified for strenuous physical exertion and the use
of firearms.
- ☐ Submit Bureau of Employees' Compensation forms.
- ☐ Advise if medical bills submitted have been paid.
- ☐ Submit reply by _____.

- (X) Enclosed are copies of the reports on captioned
employees' annual physical examinations to be
reviewed and initialed by them and placed in
their field personnel file

Enclosures (3)

MMC
(4)

Tolson _____
 Mohr _____
 Parsons _____
 Belmont _____
 Callahan _____
 DeLoach _____
 Malone _____
 McGuire _____
 Rosen _____
 Tamm _____
 Trotter _____
 W.C. Sullivan _____
 Tele. Room _____
 Ingram _____
 Gandy _____

REPLY: ATTENTION PERSONNEL SECTIONMAIL ROOM ☒ TELETYPE UNIT ☐*h/2-1111*

1. Agency and organizational designations FBI, U. S. DEPT. OF JUSTICE						2. Payroll period		3. Block No.		4. Slip No.	
5. Employee's name (and social security account number when appropriate) #11192 MR. J. RICHARD NICHOLS SA						6. Grade and salary GS 13 \$10,895					
PAYROLL CHANGE DATA											
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F.I.C.A.	STATE TAX	GROUP LIFE INS.	NET PAY
7. Previous normal											
8. New normal											
9. Pay this period											
10. Remarks:								11. Appropriation(s)		12. Prepared by	
										13. Audited by	
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase											
14. Effective date	15. Date last equivalent increase	16. Old salary rate	17. New salary rate	18. Performance rating is satisfactory or better <i>E. Hoover</i>							
10-30-60	5-3-59	\$10,635	\$10,895	(Signature or other authentication)							
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period(s):				(Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.							
<input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP 67-37000				Initials of Clerk 3/76							
STANDARD FORM NO. 1126d—Revised Form prescribed by Comp. Gen., U. S. March 5, 1957 6 GAO 8000				140				PAYROLL CHANGE SLIP — PERSONNEL COPY			



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASHINGTON 25, D. C.

In Reply, Please Refer to
File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA

J. RICHARD NICHOLS
(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

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Name	[Redacted]	Relationship	WIFE	Date	8/26/60
Address	3806 JEFFERY ST., SILVER SPRING, MARYLAND				

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty.

Name	[Redacted]	Relationship	WIFE	Date	8/26/60
Address	(SAME AS ABOVE)				

Very truly yours,

J. Richard Nichols
Special Agent

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b7c

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HEALTH BENEFITS REGISTRATION FORM

FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959

(Read instructions on back of last page. Use only typewriter or ball pen.)

CARRIER'S CONTROL NO.

3210371

PART A
ALL WHO
REGISTER
MUST FILL
IN THIS
PART.

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) <i>NICHOLS, J. RICHARD</i>	2. DATE OF BIRTH (Use numbers) MONTH DAY YEAR <i>9 5 14</i>	3. Are you now married? YES <input checked="" type="checkbox"/> 1 NO <input type="checkbox"/> 2
4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE) <i>3806 JEFFRY ST. SILVER SPRING MARYLAND</i>	5. SEX MALE <input checked="" type="checkbox"/> 1 FEMALE <input type="checkbox"/> 2	
6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	7. Place an "X" in proper box to show your annual basic salary range. UNDER \$4,000 <input type="checkbox"/> 1 \$6,000 TO \$9,999 <input checked="" type="checkbox"/> 3 \$4,000 TO \$5,999 <input type="checkbox"/> 2 \$10,000 OR OVER <input type="checkbox"/> 4	

PART B
FILL IN THIS
PART IF YOU
WISH TO EN-
ROLL IN A
HEALTH BENEFITS
PLAN.

If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.

THIS PART MUST
ALSO BE FILLED
IN IF YOU
CHANGE YOUR
ENROLLMENT.

1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.)	
NAME OF PLAN <i>SAMBA HEALTH BENEFIT PLAN</i>	OPTION (HIGH OR LOW)
ENROLLMENT CODE NUMBER <i>4 4 2</i>	
2. In space below list all eligible family members without exception: List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.)	
NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)
Wife or Husband	<i>1</i>
	<i>2</i>
	<i>3</i>
	<i>4</i>
	<i>5</i>
	<i>10</i>
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

PART C
FILL IN THIS
PART IF YOU
WISH NOT TO
ENROLL OR IF
YOU WISH TO
CANCEL YOUR
ENROLLMENT.

PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.	
1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>	3. The reason for my election is (Place an "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> 1 (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> 2 (c) Any other reason. <input type="checkbox"/> 3
2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>	

PART D
FILL IN THIS
PART IF YOU
WISH TO
CHANGE YOUR
ENROLLMENT.

I elect to change my enrollment as shown by the enrollment number and other information in Part B.		
1. Enrollment code number of present plan. <i>4 4 2</i>	2. Number of event which permits change. (See table on back of duplicate for proper number.) <i>1</i>	3. Date of event which permits change. MONTH DAY YEAR <i>6 13 60</i>

PART E
ALL WHO
REGISTER
MUST FILL
IN THIS PART.

YOUR SIGNATURE—DO NOT PRINT <i>J. Richard Nichols</i>		DATE <i>6/13/60</i>
WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)		

PART F
TO BE
COMPLETED
BY
AGENCY.

1. NAME AND ADDRESS OF EMPLOYING OFFICE <i>FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON 25, D. C.</i>	2. DATE RECEIVED IN EMPLOYING OFFICE <i>6 15 60</i>	3. EFFECTIVE DATE OF ELECTION
(SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)	4. PAYROLL OFFICE NO.	5. PAYROLL ACTION (INITIALS AND DATE) <i>WJ 6/15/60</i>

REMARKS
FOR USE ONLY
BY ANNUITANTS
AND AGENCY.
*NOT RECORDED
61 JUL 11 1960**Copy sent to voucher
file 68**3/BB*

MEDICAL REPORTS

Personnel File of: Nichols, J. Richard

Personnel File No. _____

3/ram

REPORT OF MEDICAL EXAMINATION

WFO

FBI

1. LAST NAME—FIRST NAME—MIDDLE NAME NICHOLS, J. RICHARD		2. GRADE AND COMPONENT OR POSITION SA	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION ANNUAL	6. DATE OF EXAMINATION 11/15/60
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE	
		10. AGENCY	
		11. ORGANIZATION UNIT	
12. DATE OF BIRTH 9/5/14		13. PLACE OF BIRTH DICKERSON, MD	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS WRGH	
16. OTHER INFORMATION		17. RATING OR SPECIALTY	
TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

CLINICAL EVALUATION	
NOR-MAL	ABNOR-MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP
<input checked="" type="checkbox"/>	19. NOSE
<input checked="" type="checkbox"/>	20. SINUSES
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM
<input checked="" type="checkbox"/>	34. G-U SYSTEM
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)
<input checked="" type="checkbox"/>	36. FEET
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

REC-130
ENCLOSURE
TII

67-811247-302
Searched _____ Numbered _____
10 DEC 19 1960

12-16-60
Brought to LHO
by [unclear]
[unclear]

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Cal - mod. Class 2
O—Restorable teeth I—Nonrestorable teeth	X—Missing teeth XXX—Replaced by dentures	
(6 X 8)—Fixed bridge, brackets to include abutments		
R I G H T 1 2 3 4 5 6 7 8 32 31 30 29 28 27 26 25	9 10 11 12 13 14 15 16 24 23 22 21 20 19 18 17	

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.016		46. CHEST X-RAY (Place, date, film number and result) #10 C-33153 - Clear	
B. ALBUMIN Neg.	D. MICROSCOPIC		
C. SUGAR Neg.	48. EKG WNL	49. BLOOD TYPE AND RH FACTOR	
47. SEROLOGY (Specify test used and result) Neg.		50. OTHER TESTS	

18
DEC 21 1960

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 73"		52. WEIGHT 158		53. COLOR HAIR Brown		54. COLOR EYES Brown		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE 98.6	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 116 DIAS. 78		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 70		B. AFTER EXERCISE		C. 2 MIN. AFTER	
D. RECUMBENT		E. AFTER STANDING 3 MIN.									
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/ 20-2 CORR. TO 20/ -				BY S. OX				CORR. TO BY			
LEFT 20/ 30-2 CORR. TO 20/ -				BY S. OX				CORR. TO BY			
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION				64. COLOR VISION (Test used and result) Normal Pseudo				65. DEPTH PERCEPTION (Test used and score)			
RIGHT LEFT								UNCORRECTED CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST			
								69. INTRAOCULAR TENSION			
70. HEARING				71. AUDIOMETER							
RIGHT WV 15/15 SV 15/15				250 500 1000 2000 3000 4000 6000 8000 256 512 1024 2048 2896 4096 6144 8192							
LEFT WV 15/15 SV 15/15				RIGHT 15 10 10 10 15 15 35 LEFT 15 10 10 10 15 15 40							
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)											

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE					
						P U L H E S					
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR						B. PHYSICAL CATEGORY					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A B C E					
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

FBI

1. LAST NAME—FIRST NAME—MIDDLE NAME NICHOLS, J. RICHARD		2. GRADE AND COMPONENT OR POSITION SA	3. IDENTIFICATION NO. 1115160
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION ANNUAL	6. DATE OF EXAMINATION 11/15/60
7. SEX M	8. RACE W	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN X	10. DEPARTMENT, AGENCY, OR SERVICE FBI
11. ORGANIZATION UNIT		12. DATE OF BIRTH 9/5/14	
13. PLACE OF BIRTH DICKERSON, MD		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION	
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) GOOD			

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	86				X		HAD TUBERCULOSIS	et al - arrested
MOTHER	Deceased 61		Heart	61		X	HAD SYPHILIS	
SPOUSE		GOOD			X		HAD DIABETES	brother - slight
BROTHERS	58	"				X	HAD CANCER	
AND	56	"				X	HAD KIDNEY TROUBLE	
SISTERS	53	"			X		HAD HEART TROUBLE	mother
	51	"				X	HAD STOMACH TROUBLE	
CHILDREN	49	"				X	HAD RHEUMATISM (Arthritis)	
						X	HAD ASTHMA, HAY FEVER, HIVES	
						X	HAD EPILEPSY (Fits)	
						X	COMMITTED SUICIDE	
						X	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)								
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
X		SCARLET FEVER, ERYSIPELAS	X		GOITER	X		TUMOR, GROWTH, CYST, CANCER SKIN CANCER
X		DIPHTHERIA	X		TUBERCULOSIS	X		RUPTURE
X		RHEUMATIC FEVER	X		SOAKING SWEATS (Night sweats)	X		APPENDICITIS
X		SWOLLEN OR PAINFUL JOINTS	X		ASTHMA	X		PILES OR RECTAL DISEASE
X		MUMPS	X		SHORTNESS OF BREATH	X		FREQUENT OR PAINFUL URINATION
X		WHOOPING COUGH	X		PAIN OR PRESSURE IN CHEST	X		KIDNEY STONE OR BLOOD IN URINE
X		FREQUENT OR SEVERE HEADACHE	X		CHRONIC COUGH	X		SUGAR OR ALBUMIN IN URINE
X		DIZZINESS OR FAINTING SPELLS	X		PALPITATION OR POUNDING HEART	X		BOILS
X		EYE TROUBLE	X		HIGH OR LOW BLOOD PRESSURE	X		VENEREAL DISEASE
X		EAR, NOSE OR THROAT TROUBLE	X		CRAMPS IN YOUR LEGS	X		RECENT GAIN OR LOSS OF WEIGHT
X		RUNNING EARS	X		FREQUENT INDIGESTION	X		ARTHRITIS OR RHEUMATISM
X		CHRONIC OR FREQUENT COLDS	X		STOMACH, LIVER OR INTESTINAL TROUBLE	X		BONE, JOINT, OR OTHER DEFORMITY
X		SEVERE TOOTH OR GUM TROUBLE	X		GALL BLADDER TROUBLE OR GALL STONES	X		LAMENESS
X		SINUSITIS	X		JAUNDICE	X		LOSS OF ARM, LEG, FINGER, OR TOE
X		HAY FEVER	X		ANY REACTION TO SERUM, DRUG, OR MEDICINE PENICILIN	X		PAINFUL OR "TRICK" SHOULDER OR ELBOW

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:			
X	WORN GLASSES	X	ATTEMPTED SUICIDE	X	BEEN PREGNANT		AGE AT ONSET OF MENSTRUATION
X	WORN AN ARTIFICIAL EYE	X	BEEN A SLEEP WALKER		HAD A VAGINAL DISCHARGE		INTERVAL BETWEEN PERIODS
X	WORN HEARING AIDS	X	LIVED WITH ANYONE WHO HAD TUBERCULOSIS		BEEN TREATED FOR A FEMALE DISORDER		DURATION OF PERIODS
X	STUTTERED OR STAMMERED	X	COUGHED UP BLOOD		HAD PAINFUL MENSTRUATION		DATE OF LAST PERIOD
X	WORN A BRACE OR BACK SUPPORT	X	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION		HAD IRREGULAR MENSTRUATION		QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1		24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS ALWAYS - FBI		25. WHAT IS YOUR USUAL OCCUPATION? SPECIAL AGENT		26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATION? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Operation on R.ear for skin cancer. Also nose.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

J. RICHARD NICHOLS

SIGNATURE

J. Richard Nichols

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee
(Type or print)

NICHOLS
Last

J.
First

RICHARD
Middle

The following portions of the attached examination report form need not be completed:

2	62
3	65
4	67
9	68
11	69
14	72
17	76

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☒ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

b6
b7C

(Signature of Medical Examiner)

(Date)

Nov. 28, 60

UNITED STATES GOVERNMENT

Memorandum

mwj TO : Director, FBI

DATE: 1/23/61

FROM : SAC, WFO

SUBJECT: J. RICHARD NICHOLS
SPECIAL AGENT
PHYSICAL CONDITION

Attention: Personnel Section

Remylet 12/22/60
Rebulet _____

- ☐ Re physical examination _____.
- ☐ Weight without clothing now is _____.
- ☐ Dental work was completed on _____.
- ☒ Vision has been corrected to 20/20.
- ☐ Chest X-ray results were negative.
- ☐ Personal physician advised he is qualified for strenuous physical exertion and the use of firearms.
- ☐ Attached are Bureau of Employees' Compensation forms _____.
- ☐ Physical examination reports are enclosed.
- ☐ Employee is scheduled for physical examination on _____.
- ☐ Employee has reviewed and initialed his physical examination report.
- ☐ Employee returned to active duty _____.
- ☐ Employee's physical condition is _____.
- ☐ UACB he is being removed from limited duty.
- ☐ UACB he is being placed on limited duty.

REMARKS

① - Bureau
1 - WFO
HRW:mb
(2)

3
rik

73

1 JAN 28 1961

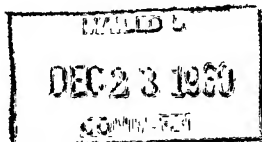
SAC, WFO

12/23/60

Director, FBI

PERSONAL ATTENTIONJ. RICHARD NICHOLSSPECIAL AGENTS
PHYSICAL CONDITION

- ☒ Rebulet 12/16/60.
- ☐ Rearlet _____.
- ☐ Re Physical Examination _____.
- ☐ Submit Physical Examination Report.
- ☐ Advise Bureau re physical condition.
- ☐ Advise Bureau if dental work has been completed.
- ☒ Advise Bureau if vision has been corrected to 20/20.
- ☐ Submit results of ☐ chest x-ray, ☐ urinalysis,
☐ serology, immediately.
- ☐ Submit statement from doctor advising if Agent is
qualified for strenuous physical exertion and the use
of firearms.
- ☐ Submit Bureau of Employees' Compensation forms.
- ☐ Advise if medical bills submitted have been paid.
- ☐ Submit reply by _____.

RIH
(4)

Tolson _____
 Mohr _____
 Parsons _____
 Belmont _____
 Callahan _____
 DeLoach _____
 Malone _____
 McGuire _____
 Rosen _____
 Tamm _____
 Trotter _____
 W.C. Sullivan _____
 Tele. Room _____
 Ingram _____
 Gandy _____

REPLY: ATTENTION PERSONNEL SECTIONMAIL ROOM ☒TELETYPE UNIT ☐b6
b7c

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 12/22/60

b6
b7C

: SAC, WFO

Attention: Personnel Section

SUBJECT: J. RICHARD NICHOLS
SPECIAL AGENT
PHYSICAL CONDITION

Remylet _____
Rebulet 12/16/60

- ☐ Re physical examination _____.
- ☐ Weight without clothing now is _____.
- ☐ Dental work was completed on _____.
- ☒ Vision has been corrected to see remarks.
- ☐ Chest X-ray results were negative.
- ☐ Personal physician advised he is qualified for strenuous physical exertion and the use of firearms.
- ☐ Attached are Bureau of Employees' Compensation forms _____.
- ☐ Physical examination reports are enclosed.
- ☐ Employee is scheduled for physical examination on _____.
- ☐ Employee has reviewed and initialed his physical examination report.
- ☐ Employee returned to active duty _____.
- ☐ Employee's physical condition is _____.
- ☐ UACB he is being removed from limited duty.
- ☐ UACB he is being placed on limited duty.

REMARKS

SA NICHOLS has advised that he will arrange for eye examination the earliest possible date. This matter will be followed and the Bureau will be advised.

① - Bureau
1 - WFO
GGD:mb
(2)

31

37

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

b6
b7C

Name of Employee: J. RICHARD NICHOLS

Where Assigned: WASHINGTON FIELD OFFICE
(Division) (Section, Unit)

Official Position Title: SPECIAL AGENT, GS-13

Rating Period: from APRIL 1, 1960 to MARCH 31, 1961

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

Rated by:

George G. Duffy

STAFF
SUPERVISOR

3/31/61

Signature

GEORGE G. DUFFY

Title

SPECIAL AGENT
IN CHARGE

Date

Reviewed by:

M. W. Johnson

Signature

M. W. JOHNSON

Title

Assistant Director

3/31/61

Date

Rating Approved by:

J. P. Callahan

Signature

Title

Date

TYPE OF REPORT

(X) Official
() Annual

REC-100

() Administrative
() 60-Day
() 90-Day
() Transfer
() Separation from Service
() Special

67	303
8 APR 17 1961	

APR 25 1961

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee J. RICHARD NICHOLS Title SPECIAL AGENT, GS-13
 Rating Period: from 4/1/60 to 3/31/61

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared. Rate items as follows:
+ Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
○ No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

1. "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - A. Any element rated "Unsatisfactory" must be supported by narrative comments.
 - B. An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- | | |
|--|---|
| <p><u>E</u> (1) Personal appearance.
 <u>E</u> (2) Personality and effectiveness of his personal contacts.
 <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).
 <u>E</u> (4) Physical fitness (including health, energy, stamina).
 <u>+</u> (5) Resourcefulness and ingenuity.
 <u>+</u> (6) Forcefulness and aggressiveness as required.
 <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
 <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility.
 <u>+</u> (9) Planning ability and its application to the work.
 <u>E</u> (10) Accuracy and attention to pertinent detail.
 <u>+</u> (11) Industry, including energetic, consistent application to duties.
 <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.
 <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
 <u>✓</u> (14) Technical or mechanical skills.
 <u>+</u> (15) Investigative ability and results:
 <u>○</u> (a) Internal security cases
 <u>○</u> (b) Criminal or general investigative cases
 <u>○</u> (c) Fugitive cases
 <u>+</u> (d) Applicant cases
 <u>○</u> (e) Accounting cases
 <u>✓</u> (16) Physical surveillance ability.</p> | <p><u>✓</u> (17) Firearms ability.
 <u>✓</u> (18) Development of informants and sources of information.
 <u>E</u> (19) Reporting ability:
 <u>○</u> (a) Investigative reports
 <u>E</u> (b) Summary reports
 <u>E</u> (c) Memos, letters, wires
 (Consider: <u>E</u> conciseness; <u>E</u> clarity; <u>E</u> organization; <u>E</u> thoroughness; <u>E</u> accuracy; <u>E</u> adequacy and pertinency of leads; <u>E</u> administrative detail.)
 <u>✓</u> (20) Performance as a witness.
 <u>○</u> (21) Executive ability:
 <u>○</u> (a) Leadership
 <u>○</u> (b) Ability to handle personnel
 <u>○</u> (c) Planning
 <u>○</u> (d) Making decisions
 <u>○</u> (e) Assignment of work
 <u>○</u> (f) Training subordinates
 <u>○</u> (g) Devising procedures
 <u>○</u> (h) Emotional stability
 <u>○</u> (i) Promoting high morale
 <u>○</u> (j) Getting results
 <u>✓</u> (22) Ability on raids and dangerous assignments:
 <u>○</u> (a) As leader
 <u>○</u> (b) As participant
 <u>✓</u> (23) Organizational interest, such as making of suggestions for improvement.
 <u>E</u> (24) Ability to work under pressure.
 <u>E</u> (25) Miscellaneous. Specify and rate:
 <u>E</u> Dictation ability _____

 _____</p> |
|--|---|

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

SGE and LEUN

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
- D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)
- E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: EXCELLENT EMPLOYEE'S INITIALS JRN
 Outstanding, Excellent, Satisfactory, Unsatisfactory

J. RICHARD NICHOLS
SPECIAL AGENT, GS-13
ANNUAL PERFORMANCE RATING

PART I - GENERAL COMMENTS

SA NICHOLS dresses in good taste and has a business-like personal appearance. He has a very pleasant personality and favorably impresses those contacted by him.


During the rating period he has been assigned to the Applicant Squad specifically handling SGE and LEUN cases involving agency checks. As the case load required he has handled outside investigations in these categories as well as applicant matters. He has demonstrated he is capable of handling complicated and sensitive inquiries with a minimum of supervision. He had produced an exceptionally large volume of assignments. The results of his inquiries are reported in an accurate and concise manner. SA NICHOLS is an exceptionally enthusiastic employee who is willing and co-operative. His performance during the period has been excellent.

By letter dated December 12, 1960, SA NICHOLS was commended for his outstanding attitude and exemplary devotion to the Bureau's work in that he reported for duty despite extremely hazardous traveling conditions caused by a heavy snow fall.

On January 20, 1961, the Special Agent in Charge had occasion to commend SA NICHOLS for his outstanding attitude by voluntarily assisting in a rearrangement of the file cabinets in the closed file section which work was performed on Saturday and Sunday, March 18 and 19, 1961.

He is rated excellent in dictation. He is capable of strenuous physical exertion and is available for general and special assignment. SA NICHOLS qualifies in the use of firearms and is capable of participating in raids and dangerous assignments.

Rating: EXCELLENT


Initials

PART II - SPECIFIC COMMENTS

1. Justification for Any Minus Ratings Given:
N. A.
2. Experience and Ability as Inspector's Aide:
N. A.
3. Participation in Informant Programs:
He has not participated in the informant program during the period in view of the nature of his assignment. He is constantly alert to its needs and utilizes available sources.
4. Testifying Experience and Ability:
None during period. He has previously given satisfactory testimony before U. S. Commissioners and in District Court.
5. Disciplinary Action:
N. A.
6. Accounting Information:
N. A.
7. Police Instruction:
N. A.
8. Sound Training:
N. A.
9. Resident Agents:
N. A.

PART II - SPECIFIC COMMENTS (cont'd)


10. Foreign Language Ability: N. A.

- (a) Specific language in which proficient:
- (b) Did agent complete language school:
- (c) Is Agent fluent to extent that he can handle typical investigative problems in:
 - (1) Conversation form:
 - (2) Written form:
- (d) Rate Agent excellent, very good, good, fair, or unsatisfactory in ability to:
 - (1) Read:
 - (2) Write:
 - (3) Speak:
 - (4) Understand:
- (e) Frequency of use during rating period:

11. Administrative Advancement:

- Is Agent: (a) Interested in: Yes.
If answer to (a) is no, then (b), (c), (d), and (e) need not be answered.
- (b) Completely available for: Yes.
 - (c) Considered completely qualified at present for administrative advancement including experience, ability, personality and appearance: Yes.
 - (d) If answer to (c) is "Yes," would you consider his qualifications:
 - (1) Very good
 - ~~(2) Excellent~~
 - ~~(3) Outstanding~~
 - (e) If answer to (c) is "No," does he have potential for future administrative advancement?
If (e) is applicable, explanatory comments are required.

Rating: EXCELLENT


Initials

SAC, WFO

12-22-61

Director, FBI

PERSONAL ATTENTION

J. RICHARD NICHOLS
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER

- ☐ Rebulet _____.
- ☐ Reurlet _____.
- ☒ Re Physical Examination 11-12-61 _____.
- ☐ Advise Bureau date captioned employee scheduled for physical examination.
- ☐ Submit Physical Examination Report.
- ☐ Advise Bureau re physical condition.
- ☐ Advise Bureau if dental work has been completed.
- ☒ Advise Bureau if vision has been corrected to 20/20.
- ☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.
- ☐ Submit results of ☐ chest X ray, ☐ patch test,
☐ urinalysis, ☐ serology.
- ☐ Submit Bureau of Employees' Compensation forms.
- ☐ Advise if medical bills submitted have been paid.
- ☐ Submit reply by _____.

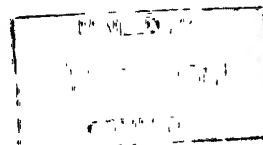
☒ Enclosed is copy of captioned employee's annual physical examination report. This copy should be reviewed and initialed by Agent and placed in his field personnel file.

Tolson _____
 Belmont _____
 Mohr _____
 Callahan _____
 Conrad _____
 DeLoach _____
 Evans _____
 Malone _____
 Rosen _____
 Sullivan _____
 Tavel _____
 Trotter _____
 Tele. Room _____
 Ingram _____
 Gandy _____

Enclosure

 nlh
 (2)

REPLY: ATTENTION PERSONNEL SECTION

MAIL ROOM ☐ TELETYPE UNIT ☐



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to
File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

WASHINGTON 25, D. C.

AUG 14 1961

RE: SA J. RICHARD NICHOLS
(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name		Relationship	Date
Address		WIFE	8/7/61
3806 JEFFERY STREET, SILVER SPRING, MARYLAND			

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name		Relationship	Date
Address		WIFE	8/7/61
(SAME AS ABOVE)			

67-NOV 1961
1 SEP 1961

39

Very truly yours,

J. Richard Nichols
Special Agent

b6
b7C

b6
b7C

REPORT OF MEDICAL EXAMINATION

WFO



1. LAST NAME—FIRST NAME—MIDDLE NAME NICHOLS, J. RICHARD		2. GRADE AND COMPONENT OR POSITION SA		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 11/13/61	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY FBI	11. ORGANIZATION UNIT
12. DATE OF BIRTH 9-5-14		13. PLACE OF BIRTH DICKERSON, Maryland		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS WRGH				16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

CLINICAL EVALUATION		
NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

ENCLOSURE
REC-145

67-77 294-304
Searched
9 DEC 28 1961

Bulet to SAC, re vis
Encl. copy of phys.
12-22-61
meh

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Col. mod.		
<div> <div> <div>○—Restorable teeth</div> <div>—Nonrestorable teeth</div> </div> <div> <div>X—Missing teeth</div> <div>XXX—Replaced by dentures</div> </div> <div> <div>(6 X 8)—Fixed bridge, brackets to include abutments</div> </div> </div>																		
R	1	X	3	4	5	6	7	8	9	10	11	12	13	X	X	X	L	cl 2
I	32	X	X	29	28	27	26	25	24	23	22	21	20	X	X	17	E	
G																	F	
H																	T	

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY 1.023		46. CHEST X-RAY (Place, date, film number and result) C-33153 1-70MM Normal	
B. ALBUMIN Neg.		D. MICROSCOPIC Neg.	
C. SUGAR Neg.		49. BLOOD TYPE AND RH FACTOR Normal	
47. SEROLOGY (Specify test used and result)		50. OTHER TESTS	

3 JAN 4 1962

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 73 1/4		52. WEIGHT 189		53. COLOR HAIR Brown		54. COLOR EYES Brown		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 130 DIAS. 80		B. RECUMBENT SYS. DIAS. 		C. STANDING (3 min.) SYS. DIAS. 		A. SITTING 72		B. AFTER EXERCISE		C. 2 MIN. AFTER	
59. DISTANT VISION						60. REFRACTION			61. NEAR VISION		
RIGHT 20/ 30		CORR. TO 20/ 25-2		BY S.		OX		CORR. TO J-1		BY	
LEFT 20/ 40-2		CORR. TO 20/ 20		BY S.		OX		CORR. TO J-2		BY	
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)			
RIGHT LEFT				normal				UNCORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST			
69. INTRAOCULAR TENSION				70. HEARING				71. AUDIOMETER			
RIGHT WV 15 /15 SV				LEFT WV 15 /15 SV				250 500 1000 2000 3000 4000 6000 8000			
								250 512 1024 2048 2896 4096 6144 8192			
								RIGHT 15 10 10 10 15 25			
								LEFT 15 10 5 15 20 30			
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)											

physically qualified

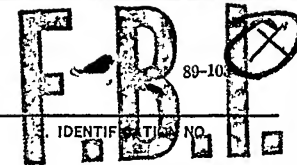
REC'D - ADMIN. DIV.
FBI
DEC 20 8 13 PM '61

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)						76. A. PHYSICAL PROFILE					
none						P U L H E S					
75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						B. PHYSICAL CATEGORY					
none						A B C E					
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR						78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER					
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS



1. LAST NAME—FIRST NAME—MIDDLE NAME NICHOLS, J. RICHARD			2. GRADE AND COMPONENT OR POSITION SA		
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION ANNUAL		
6. DATE OF EXAMINATION 11/13/61			7. IDENTIFICATION NO.		
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 3 CIVILIAN 23		10. AGENCY FBI	11. ORGANIZATION UNIT
12. DATE OF BIRTH 9-5-14		13. PLACE OF BIRTH DICKERSON, MARYLAND		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS WALTER REED				16. OTHER INFORMATION	
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) GOOD					

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	87	GOOD			<input checked="" type="checkbox"/>		HAD TUBERCULOSIS	Bro - TB & Bone
MOTHER			HEART FAILURE	61		<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE		GOOD			<input checked="" type="checkbox"/>		HAD DIABETES	Bro (SLIGHT)
	60	GOOD				<input checked="" type="checkbox"/>	HAD CANCER	
BROTHERS	55	GOOD				<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
AND	53	GOOD			<input checked="" type="checkbox"/>		HAD HEART TROUBLE	MOTHER
SISTERS	51	GOOD				<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE	
	49	GOOD				<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
CHILDREN						<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
		GOOD				<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
		GOOD				<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)			
YES	NO	(Check each item)	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, Erysipelas	<input checked="" type="checkbox"/> GOITER
	<input checked="" type="checkbox"/>	DIPHTHERIA	<input checked="" type="checkbox"/> TUBERCULOSIS
	<input checked="" type="checkbox"/>	RHEUMATIC FEVER	<input checked="" type="checkbox"/> SOAKING SWEATS (Night sweats)
	<input checked="" type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/> ASTHMA
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/> SHORTNESS OF BREATH
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/> PAIN OR PRESSURE IN CHEST
	<input checked="" type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/> CHRONIC COUGH
	<input checked="" type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/> PALPITATION OR POUNDING HEART
	<input checked="" type="checkbox"/>	EYE TROUBLE	<input checked="" type="checkbox"/> HIGH OR LOW BLOOD PRESSURE
	<input checked="" type="checkbox"/>	EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/> CRAMPS IN YOUR LEGS
	<input checked="" type="checkbox"/>	RUNNING EARS	<input checked="" type="checkbox"/> FREQUENT INDIGESTION
	<input checked="" type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/> STOMACH, LIVER OR INTESTINAL TROUBLE
	<input checked="" type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/> GALL BLADDER TROUBLE OR GALL STONES
	<input checked="" type="checkbox"/>	SINUSITIS	<input checked="" type="checkbox"/> JAUNDICE
	<input checked="" type="checkbox"/>	HAY FEVER	<input checked="" type="checkbox"/> ANY REACTION TO SERUM, DRUG OR MEDICINE PENICILLIN
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> TUMOR, GROWTH, CYST (CANCER) SKIN - FACE
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> RUPTURE
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> APPENDICITIS
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> PILES OR RECTAL DISEASE
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> FREQUENT OR PAINFUL URINATION
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> KIDNEY STONE OR BLOOD IN URINE
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> SUGAR OR ALBUMIN IN URINE
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> BOILS
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> VENEREAL DISEASE
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> RECENT GAIN OR LOSS OF WEIGHT
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> ARTHRITIS OR RHEUMATISM
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> BONE, JOINT, OR OTHER DEFORMITY
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> LAMENESS
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> LOSS OF ARM, LEG, FINGER, OR TOE
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> PAINFUL OR "TRICK" SHOULDER OR ELBOW

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
<input checked="" type="checkbox"/>	WORN GLASSES (1960)	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE	<input type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<input type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input type="checkbox"/>	DURATION OF PERIODS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<input type="checkbox"/>	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input type="checkbox"/>	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? ONE		24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 23 years		25. WHAT IS YOUR USUAL OCCUPATION? SA	
				26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

ENCLOSURE 67-24274-300

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

OPERATION ON RT. EAR FOR SKIN CANCER about 1953.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

J. Richard Nichols

J. Richard Nichols

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SI

NUMBER OF ATTACHED SHEETS

NT PRINTING OFFICE : 1959-O-527655

b6

b7c

Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner

Name of Examinee
(Type or print)

NICHOLS
Last

J.
First

RICHARD
Middle

The following portions of the attached examination report form need not be completed:

2	62
3	65
4	67
9	68
11	69
14	72
17	76

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No

ENCLOSURE

67-27 274-304

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☒ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____



b6
b7C

(Date)



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to
File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

WASHINGTON 25, D. C.

MAR 21 1962

RE: SA

J. RICHARD NICHOLS
(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by CHECK - MONEY ORDER) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur. The following person is designated as my beneficiary for FBI Agents' Insurance Fund:

Name	[Redacted]	Relationship	WIFE	Date	3/6/62
------	------------	--------------	------	------	--------

Address	3806 JEFFRY STREET, SILVER SPRING, MARYLAND				
---------	---	--	--	--	--

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name	[Redacted]	Relationship	WIFE	Date	3/6/62
------	------------	--------------	------	------	--------

Address	(SAME AS ABOVE)				
---------	-----------------	--	--	--	--

67-NCT - RECORDED
APR 6 1962

Very truly yours,

J. Richard Nichols
Special Agent

b6
b7C

b6
b7C

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 1/17/62

FROM : SAC, WFO

Attention: Personnel Section

SUBJECT: J. RICHARD NICHOLS
SPECIAL AGENT
PHYSICAL CONDITION

Remylet _____.
RebuletS 12/22/61 and 1/16/62.

- ☐ Re physical examination _____.
- ☐ Weight without clothing now is _____.
- ☐ Dental work was completed on _____.
- ☒ Vision has been corrected to 20/20.
- ☐ Chest X-ray results were negative.
- ☐ Personal physician advised he is qualified for strenuous physical exertion and the use of firearms.
- ☐ Attached are Bureau of Employees' Compensation forms _____.
- ☐ Physical examination reports are enclosed.
- ☐ Employee is scheduled for physical examination on _____.
- ☐ Employee has reviewed and initialed his physical examination report.
- ☐ Employee returned to active duty _____.
- ☐ Employee's physical condition is _____.
- ☐ UACB he is being removed from limited duty.
- ☐ UACB he is being placed on limited duty.

REMARKS

*Sloper
action memo
1-19*

① - Bureau
1 - WFO
HRW:mb
(2)

67-111-10000
JAN 22 1962

THREE

SAC, WFO

1-16-62

Director, FBI

PERSONAL ATTENTION

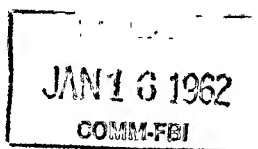
J. RICHARD NICHOLS
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER

- ☒ Rebutlet 12-22-61
- ☐ Reurlet _____
- ☐ Re Physical Examination _____
- ☐ Advise Bureau date captioned employee scheduled for physical examination.
- ☐ Submit Physical Examination Report.
- ☐ Advise Bureau re physical condition.
- ☐ Advise Bureau if dental work has been completed.
- ☐ Advise Bureau if vision has been corrected to 20/20.
- ☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.
- ☐ Submit results of ☐ chest X ray, ☐ patch test,
☐ urinalysis, ☐ serology.
- ☐ Submit Bureau of Employees' Compensation forms.
- ☐ Advise if medical bills submitted have been paid.
- ☒ Submit reply by 1-23-62

☐

Tolson _____
 Belmont _____
 Mohr _____
 Callahan _____
 Conrad _____
 DeLoach _____
 Evans _____
 Malone _____
 Rosen _____
 Sullivan _____
 Tavel _____
 Trotter _____
 Tele. Room _____
 Ingram _____
 Gandy _____

MRM
 (2)



REPLY: ATTENTION PERSONNEL SECTION
 MAIL ROOM ☒ TELETYPE UNIT ☐

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

b6
b7c

J. RICHARD NICHOLS

Name of Employee: _____

Where Assigned: WASHINGTON FIELD
(Division) (Section, Unit)

Official Position Title: SPECIAL AGENT, GS-13

Rating Period: from APRIL 1, 1961 to MARCH 31, 1962

ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

GAN

Rated by:

George G. Duffy
Signature

**STAFF
SUPERVISOR**

3/31/62

Date

Reviewed by:

M. W. Johnson
Signature

**SPECIAL AGENT
IN CHARGE**

3/31/62

Date

Rating Approved by:

[Signature]
Signature

Assistant Director

Title

APR 20 1962

Date

TYPE OF REPORT

- (X) Official
(X) Annual

REC-130

67-	305
() Administrative	APR 16 1962
() 60-Day	
() 90-Day	
() Transfer	
() Separation from Service	
() Special	

Cont

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee J. RICHARD NICHOLSTitle SPECIAL AGENT, GS-13Rating Period: from 4/1/61 to 3/31/62

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared. Rate items as follows:

+ Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- E (1) Personal appearance.
E (2) Personality and effectiveness of his personal contacts.
+ (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).
E (4) Physical fitness (including health, energy, stamina).
+ (5) Resourcefulness and ingenuity.
E (6) Forcefulness and aggressiveness as required.
+ (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
+ (8) Initiative and the taking of appropriate action on own responsibility.
+ (9) Planning ability and its application to the work.
E (10) Accuracy and attention to pertinent detail.
+ (11) Industry, including energetic, consistent application to duties.
+ (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.
+ (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
✓ (14) Technical or mechanical skills.
+ (15) Investigative ability and results:
 - O Internal security cases
 - O Criminal or general investigative cases
 - + Fugitive cases
 - + Applicant cases
 - O Accounting cases- ✓ (16) Physical surveillance ability.

- ✓ (17) Firearms ability.
O (18) Development of informants and sources of information.
E (19) Reporting ability:
 - E Investigative reports
 - O Summary reports
 - E Memos, letters, wires
(Consider: E conciseness; E clarity; E organization; E thoroughness; E accuracy; E adequacy and pertinency of leads; E administrative detail.)- O (20) Performance as a witness.
- O (21) Executive ability:
 - Leadership
 - Ability to handle personnel
 - Planning
 - Making decisions
 - Assignment of work
 - Training subordinates
 - Devising procedures
 - Emotional stability
 - Promoting high morale
 - Getting results
- ✓ (22) Ability on raids and dangerous assignments:
 - As leader
 - As participant
- ✓ (23) Organizational interest, such as making of suggestions for improvement.
- E (24) Ability to work under pressure.
- E (25) Miscellaneous. Specify and rate:
 - Dictation ability

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

SGE and LEUN

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

EXCELLENT

ADJECTIVE RATING:

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

JRN

J. RICHARD NICHOLS
SPECIAL AGENT, GS-13
ANNUAL PERFORMANCE RATING

PART I - GENERAL COMMENTS

SA NICHOLS has a businesslike personal appearance, always dressing in good taste. His friendly and congenial personality is an asset in his official contacts.


During the rating period he has been assigned to the Applicant Squad, specifically to handling SGE and LEUN cases involving agency checks. As the case load required, his services were utilized on investigations requiring active investigation in this area. In addition, his services have been utilized on applicant matters in Montgomery County, Maryland; at the Internal Revenue Service; and at the Departments of Justice, Treasury, Agriculture, Commerce, and Labor. SA NICHOLS has demonstrated he is capable of handling complicated and sensitive inquiries with a minimum of supervision. He is a very enthusiastic employee who has produced an exceptionally large volume of assignments. The results of his inquiries are reported in an accurate and concise manner.

SA NICHOLS attained a grade of 93 on the Inspector's examination afforded him in December, 1961.

He is rated excellent in dictation. He is available for general and special assignment and capable of strenuous physical exertion. SA NICHOLS qualifies in the use of firearms and is capable of participating in raids and dangerous assignments.

His performance during the period has been excellent.

Rating: EXCELLENT


Initials

PART II - SPECIFIC COMMENTS

1. Justification for Any Minus Ratings Given:
N. A.
2. Experience and Ability as Inspector's Aide:
N. A.
3. Participation in Informant Programs:
He has not participated in the informant program during the period in view of the nature of his assignment. He is constantly alert to its needs and utilizes available sources.
4. Testifying Experience and Ability:
None during period. He has previously given satisfactory testimony before U. S. Commissioners and in District Court.
5. Disciplinary Action:
N. A.
6. Accounting Information:
N. A.
7. Police Instruction:
N. A.
8. Sound Training:
N. A.
9. Resident Agents:
N. A.

PART II - SPECIFIC COMMENTS (cont'd)


10. Foreign Language Ability: N. A.

- (a) Specific language in which proficient:
- (b) Did agent complete language school:
- (c) Is Agent fluent to extent that he can handle typical investigative problems in:
 - (1) Conversation form:
 - (2) Written form:
- (d) Rate Agent excellent, very good, good, fair, or unsatisfactory in ability to:
 - (1) Read:
 - (2) Write:
 - (3) Speak:
 - (4) Understand:
- (e) Frequency of use during rating period:

11. Administrative Advancement:

- Is Agent: (a) Interested in: Yes.
If answer to (a) is no, then (b), (c), (d), and (e) need not be answered.
- (b) Completely available for: Yes.
 - (c) Considered completely qualified at present for administrative advancement including experience, ability, personality and appearance: Yes.
 - (d) If answer to (c) is "Yes," would you consider his qualifications:
 - (1) Very good
 - ~~(2) Excellent~~
 - ~~(3) Outstanding~~
 - (e) If answer to (c) is "No," does he have potential for future administrative advancement?
If (e) is applicable, explanatory comments are required.

Rating: EXCELLENT



Initials



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to
File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA

OCT 1 1962
J. RICHARD NICHOLS
(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

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Name (print)		Relationship	Date
		WIFE	9/18/62
Address 3806 JEFFERY ST, SILVER SPRING			
Name (print)		Relationship	Date
		DAUGHTER	9/18/62
Address (SAME AS ABOVE)			

b6
b7C

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (print)		Relationship	Date
		WIFE	9/18/62
Address (SAME AS ABOVE)			
Name (print)		Relationship	Date
		DAUGHTER	9/18/62
Address (SAME AS ABOVE)			

b6
b7C

Very truly yours,

J. Richard Nichols
Special Agent

3. mmk



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

JUL 30 1962

In Reply, Please Refer to
File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

RE: SA

J. Richard Nichols
(Type or print plainly)

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

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Name	<div style="border: 1px solid black; width: 300px; height: 20px;"></div>	Relationship	WIFE	Date	7/24/62
------	--	--------------	------	------	---------

Address	3806 JEFFRY ST, SILVER SPRING, MARYLAND	b6 b7C
---------	---	-----------

Name (contingent beneficiary, if desired)		Relationship		Date	
---	--	--------------	--	------	--

Address	
---------	--

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (prim	<div style="border: 1px solid black; width: 300px; height: 20px;"></div>	Relationship	WIFE	Date	7/24/62
------------	--	--------------	------	------	---------

Address	3806 JEFFRY ST, SILVER SPRING, MD.	b6 b7C
---------	------------------------------------	-----------

Name (contingent beneficiary, if desired)		Relationship		Date	
---	--	--------------	--	------	--

Address	
---------	--

Very truly yours,

J. Richard Nichols
Special Agent

3-pols

PAST SAFE DRIVING RECORD CERTIFICATION

NAME OF OPERATOR (PRINT - LAST, FIRST, MIDDLE INITIAL) NICHOLS, J. RICHARD DATE 5/4/62

DIVISION AND SECTION ASSIGNED WFO POSITION TITLE SA

I AM TO CERTIFY THAT I PRESENTLY ☒ HOLD ☐ DO NOT HOLD A VALID MOTOR VEHICLE OPERATOR'S PERMIT OR DRIVER'S LICENSE.

PERMIT ISSUED BY: STATE, TERRITORY POSSESSION, DISTRICT STATE OF MARYLAND PERMIT NUMBER N242-429-738-681 PERMIT EXPIRES 11/6/62

THIS IS AN UNRESTRICTED (~~RESTRICTED~~) PERMIT. (IF RESTRICTED, EXPLAIN BELOW)
(STRIKE OUT ONE)

THIS FURTHER CERTIFIES THAT DURING THE PAST THREE YEARS I HAVE DRIVEN A MOTOR VEHICLE (GOVERNMENT OR PERSONALLY OWNED) APPROXIMATELY 40,000 MILES. DURING THIS TIME (A) I ☐ HAVE ☒ HAVE NOT RECEIVED A TRAFFIC VIOLATION TICKET; (B) I ☐ HAVE ☒ HAVE NOT BEEN HELD AT FAULT* AS THE DRIVER OF A MOTOR VEHICLE INVOLVED IN A TRAFFIC ACCIDENT. IF AFFIRMATIVE ANSWER, PLEASE EXPLAIN IN ADJACENT SPACE GIVING NUMBER AND DATES OF OFFENSES.

* "AT FAULT" MEANS ANY CASE IN WHICH RESPONSIBILITY IS CONCEDED BY EMPLOYEE OR HIS INSURANCE COMPANY OR LIABILITY IS FIXED BY DULY CONSTITUTED AUTHORITY.

SIGNATURE OF OPERATOR

NAME OF REVIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDLE INITIAL) DUFFY GEORGE G POSITION TITLE SA DATE 5/4/62

THE PERSONNEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED AND REFLECTS THE FOLLOWING INFORMATION CONCERNING THE OPERATION OF A MOTOR VEHICLE ON OFFICIAL BUSINESS DURING THE PAST THREE YEARS:

☒ CONTINUOUS SAFE DRIVING RECORD

☐ INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAULT **

I CERTIFY THAT THIS EMPLOYEE IS:

☒ QUALIFIED ON THE BASIS OF HIS SAFE DRIVING RECORD TO OPERATE MOTOR VEHICLES ON OFFICIAL BUSINESS.

☐ NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALIFICATIONS BY SATISFACTORILY PASSING A ROAD TEST EXAMINATION BEFORE OPERATING A MOTOR VEHICLE ON OFFICIAL BUSINESS.

REMARKS:

67-NOT RECORDED

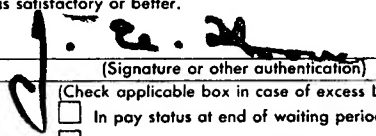
MAY 13 1962

** "AT FAULT" MEANS ANY CASE IN WHICH THE BUREAU HAS TAKEN DISCIPLINARY ADMINISTRATIVE ACTION AGAINST THE EMPLOYEE.

SIGNATURE OF REVIEWING OFFICIAL

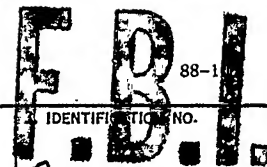
TO BE FILLED BY OPERATOR

TO BE FILLED IN BY REVIEWING OFFICIAL

1. Agency and organizational designations FBI, U.S. DEPT. OF JUSTICE						2. Payroll period		3. Block No.		4. Slip No.	
5. Employee's name (and social security account number when appropriate) #11192 MR. J. RICHARD NICHOLS SA						6. Grade and salary GS 13 \$11,155					
PAYROLL CHANGE DATA											
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F.I.C.A.	STATE TAX	GROUP LIFE INS.	NET PAY
7. Previous normal											
8. New normal											
9. Pay this period											
10. Remarks:								11. Appropriation(s)		12. Prepared by	
										13. Audited by	
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase											
14. Effective date 4-29-62	15. Date last equivalent increase 10-30-60	16. Old salary rate \$10,895	17. New salary rate \$11,155	18. Performance rating is satisfactory or better.  (Signature or other authentication) <input type="checkbox"/> (Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.							
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period(s): <input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP: 167-2001											
STANDARD FORM NO. 1126d 6 GAO 8000 1126-507				18 APR 26 1962				PAYROLL CHANGE SLIP — PERSONNEL COPY <i>31 apr</i>			

Initials of Clerk **sbm**

REPORT OF MEDICAL EXAMINATION



1. LAST NAME—FIRST NAME—MIDDLE NAME NICHOLS, J. RICHARD		2. GRADE AND COMPONENT, OR POSITION GS-13	IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION Annual	6. DATE OF EXAMINATION 10/18/62
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	
10. AGENCY		11. ORGANIZATION UNIT	
12. DATE OF BIRTH 9/5/14		13. PLACE OF BIRTH DICKERSON, MD	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS WRGH	
16. OTHER INFORMATION		17. RATING OR SPECIALTY	
TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

CLINICAL EVALUATION	
NOR- MAL	ABNOR- MAL
18. HEAD, FACE, NECK, AND SCALP	
19. NOSE	
20. SINUSES	
21. MOUTH AND THROAT	
22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
23. DRUMS (Perforation)	
24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
25. OPHTHALMOSCOPIC	
26. PUPILS (Equality and reaction)	
27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
28. LUNGS AND CHEST (Include breasts)	
29. HEART (Thrust, size, rhythm, sounds)	
30. VASCULAR SYSTEM (Varicosities, etc.)	
31. ABDOMEN AND VISCERA (Include hernia)	
32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
33. ENDOCRINE SYSTEM	
34. G-U SYSTEM	
35. UPPER EXTREMITIES (Strength, range of motion)	
36. FEET	
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
38. SPINE, OTHER MUSCULOSKELETAL	
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
40. SKIN, LYMPHATICS	
41. NEUROLOGIC (Equilibrium tests under item 72)	
42. PSYCHIATRIC (Specify any personality deviation)	
43. PELVIC (Females only) (Check how done)	
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

ENCLOSURE
REC-131

67-87294-306
Searched
6 DEC 5 1967

[Handwritten signature]

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Exam by Ret II Clin Cal mod.
O—Restorable teeth /—Nonrestorable teeth		
X—Missing teeth XXX—Replaced by dentures		
(6 X 8)—Fixed bridge, brackets to include abutments		
R I G H T	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	L E F T

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.015		46. CHEST X-RAY (Place, date, film number and result) C-33153 See report.	
B. ALBUMIN Neg.		D. MICROSCOPIC Neg.	
C. SUGAR Neg.		E. BLOOD TYPE AND RH FACTOR Normal	
47. SEROLOGY (Specify test used and result) Neg.		49. OTHER TESTS	

DEC 10 1962
42

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 73 1/4		52. WEIGHT 188		53. COLOR HAIR Brown		54. COLOR EYES Brown		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE				56. TEMPERATURE 98.60																														
57. BLOOD PRESSURE (Arm at heart level)								58. PULSE (Arm at heart level)																																		
A. SITTING SYS. 138 DIAS. 80		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 76		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.																												
59. DISTANT VISION								60. REFRACTION				61. NEAR VISION																														
RIGHT 20/ 20				CORR. TO 20/				BY		S.		OX		J-5 CORR. TO J-1		BY																										
LEFT 20/ 30				CORR. TO 20/ 20-2				BY		S.		OX		J-2 CORR. TO J-1		BY																										
62. HETEROPHORIA (Specify distance)																																										
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC		PD																												
63. ACCOMMODATION				64. COLOR VISION (Test used and result) Normal - Pseudo				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED																														
RIGHT				LEFT								CORRECTED																														
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION																														
70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																														
RIGHT WV 15 /15 SV 15 /15				<table border="1"> <tr> <td></td> <td>250 258</td> <td>500 512</td> <td>1000 1024</td> <td>2000 2048</td> <td>3000 2896</td> <td>4000 4096</td> <td>6000 6144</td> <td>8000 8192</td> </tr> <tr> <td>RIGHT</td> <td>15</td> <td>15</td> <td>10</td> <td>10</td> <td>5</td> <td>5</td> <td>1</td> <td>1</td> </tr> <tr> <td>LEFT</td> <td>15</td> <td>10</td> <td>5</td> <td>25</td> <td>15</td> <td>1</td> <td>1</td> <td>1</td> </tr> </table>									250 258	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	RIGHT	15	15	10	10	5	5	1	1	LEFT	15	10	5	25	15	1	1	1				
	250 258	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192																																		
RIGHT	15	15	10	10	5	5	1	1																																		
LEFT	15	10	5	25	15	1	1	1																																		
LEFT WV 15 /15 SV 15 /15																																										
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																										

Current health good

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

none

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

none

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE: 1959-32

PATIENT'S LAST NAME — FIRST NAME — MIDDLE NAME

REGISTER NO.

PHY. EXAM. SECTION

NICHOLS, JOHN RICHARD

AGE 48 SEX M (Check one)
☐ BEDSIDE, WHEELCHAIR, ☐ BED
OR STRETCHER ☐ PATIENT ☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

(Above space for mechanical imprinting, if used)

6'-1 1/4" 187 LBS FBI

14 x 17 Chest Plate

Rosen

10/18/62

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

C33153

DATE OF REPORT

23 October 1962

RADIOGRAPHIC REPORT

The lung fields are clear of any evidence of an active infiltrate. The hilar and mediastinal shadows are normal. The cardiovascular silhouette is normal in size and configuration. The costophrenic angles are clear and the visualized portions of the bony thorax is intact.

IMPRESSION: Normal chest.

JTB



b6
b7C

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519-A (Rev. Aug. 1954) —
Promulgated by Bureau of the Budget
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-205

WRGH

jc

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

ENCLOSURE

67-57294-306

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

F.B.I.
50-103

1. LAST NAME—FIRST NAME—MIDDLE NAME NICHOLS, J. RICHARD		2. GRADE AND COMPONENT OR POSITION G.S-13		3. IDENTIFICATION	
4. HOME ADDRESS (Number, street or R.F.D., city or town, zone and State)		5. PURPOSE OF EXAMINATION ANNUAL		6. DATE OF EXAMINATION 10/18/62	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY FBI	
11. ORGANIZATION UNIT		12. DATE OF BIRTH 9/5/14			
13. PLACE OF BIRTH DICKERSON, Maryland		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN			
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION	

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

Good

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	88	Good			<input checked="" type="checkbox"/>		HAD TUBERCULOSIS	(T.B. Bone) eldest brother
MOTHER		DECEASED @ 61 (HEART)		61		<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE		Good			<input checked="" type="checkbox"/>		HAD DIABETES	(Slight) Brother
	60	"				<input checked="" type="checkbox"/>	HAD CANCER	
BROTHERS	56	"				<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
AND	53	"			<input checked="" type="checkbox"/>		HAD HEART TROUBLE	Mother (see other)
SISTERS	50	"				<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE	
Sister	59	"				<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
CHILDREN						<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
		"				<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
		"				<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS (3)	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED-WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE Penicillin	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEEN A SLEEP WALKER
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER—

B. COMPLETE THE FOLLOWING:

<input type="checkbox"/>	BEEN PREGNANT	<input type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input type="checkbox"/>	HAD A VAGINAL DISCHARGE	<input type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER	<input type="checkbox"/>	DURATION OF PERIODS
<input type="checkbox"/>	HAD PAINFUL MENSTRUATION	<input type="checkbox"/>	DATE OF LAST PERIOD
<input type="checkbox"/>	HAD IRREGULAR MENSTRUATION	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY	

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS

25. WHAT IS YOUR USUAL OCCUPATION?

26. ARE YOU (Check one)

☒ RIGHT HANDED ☐ LEFT HANDED

100-37274-306

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE <i>J. RICHARD NICHOLS</i>	SIGNATURE <i>J. Richard Nichols</i>
--	--

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

current health good

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE <i>10/18/86</i>	SIG	NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee _____
(Type or print)

Nichols, J. Richard
Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

ENCLOSURE

17-87274-116

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

NOV 27 11 52 AM '62
 REC'D DIV. 1

3. Examinee's frame is ☐ small ☐ medium ☒ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose _____ pounds ☐ gain _____ pounds

Remarks: _____

b6
b7C

10/18/1962
(Date)



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to
File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to the Assistant Director, Administrative Division, FBI, to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <i>J. RICHARD NICHOLS</i>	<i>3/18/63</i>	<i>WFO</i>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary) female)	Relationship
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<i>WIFE</i>

Address	
<i>3806 JEFFRY STREET, SILVER SPRING, MARYLAND</i>	

Name (contingent)	Relationship
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<i>DAUGHTER</i>

Address	
<i>3806 JEFFRY ST., SILVER SPRING, MD.</i>	

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary)	Relationship
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<i>WIFE</i>

Address	
<i>(SAME AS ABOVE)</i>	

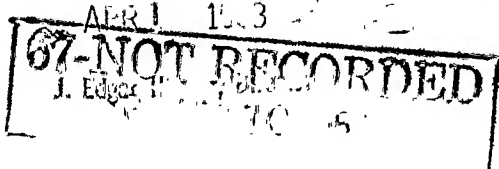
Name (contingent)	Relationship
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<i>DAUGHTER</i>

Address	
<i>(SAME AS ABOVE)</i>	

Very truly yours,

J. Richard Nichols
Special Agent

Payment Received
Special Agents Insurance Fund



SAC, Washington Field Office

1-22-63

Director, FBI

J. Richard Nichols
SPECIAL AGENT

The above-captioned Special Agent attended the following training course(s):

In-Service: from 1-7-63 to 1-18-63

☒ Criminal ☐ Accounting

☐ Security ☐ Expert Firearms-Defensive Tactics

☐ _____

The firearms scores should be entered on the individual field firearms training record (FD-40). The following grades were attained:

Notebook	E
Examination	95
Double-Action Course	96
Practical Pistol Course	94
Shotgun	22/25
Rifle	88
Machine Gun	96

Specialized Training:

From

To

Admin. Firearms: _____

Inspector's Aide: _____

_____: _____

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

HLS:pab

(3)

1 - SA

J. RICHARD NICHOLS
WASHINGTON FIELD OFFICE

MAIL ROOM ☐ TELETYPE UNIT ☐

(Date)

November 30, 1962

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

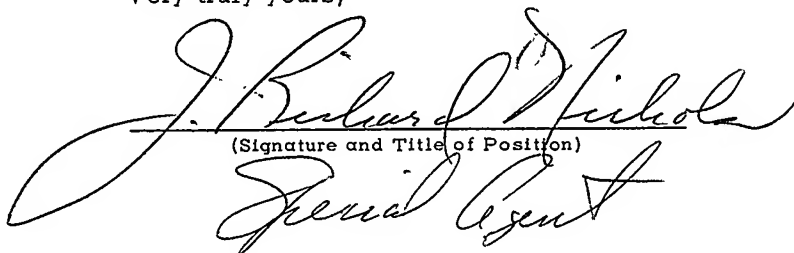
Dear Sir:

In continuing my employment in the Federal Bureau of Investigation, United States Department of Justice, I hereby agree that I will be governed by the following provisions.

1. That the strictly confidential character of any and all information secured by me or coming to my attention in connection, directly or indirectly, with my work as an employee of this Bureau, or the work of other employees of which I may become cognizant, is fully understood by me; and that neither during my tenure of service with the Federal Bureau of Investigation, nor at any time, will I violate this confidence nor will I divulge any information of any kind or character whatsoever that may become known to me to persons not officially entitled thereto, recognizing applicability to me of penalty provisions in case of any violation by me.
2. That information referred to in Item 1 above includes but is by no means limited to information in the interests of the defense of the United States marked "Top Secret," "Secret," or "Confidential," and that Department of Justice regulations provide specifically for penalty applicable to me for any violation of Executive Order 10501, the basic authority for safeguarding such information, as follows: "Any officer or employee who violates any provision of Executive Order No. 10501, as amended, or of these regulations shall be subject to appropriate disciplinary action. Prompt and stringent administrative action shall be taken against any officer or employee determined to have been knowingly responsible for any release or disclosure of classified defense information or material except in the manner authorized by these regulations. Whenever a violation of criminal statutes may be involved in a deliberate unauthorized release or disclosure of classified defense information, criminal prosecution, in an appropriate case, shall also be instituted."

I further certify that the conditions specified herein are agreeable to me, and that I continue as an employee of the Federal Bureau of Investigation with a full knowledge of the conditions above set forth.

Very truly yours,


(Signature and Title of Position)
Special Agent

167-1
1 JAN 17 1963

3/gul

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: J. RICHARD NICHOLS

Where Assigned: WASHINGTON FIELD OFFICE

(Division)

(Section, Unit)

Official Position Title: SPECIAL AGENT, GS-13

Rating Period: from APRIL 1, 1962 to MARCH 31, 1963

ADJECTIVE RATING: EXCELLENT

Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's
Initials

JN

Rated by:

George G. Duffy
Signature

STAFF
SUPERVISOR

4/1/63

Date

Reviewed by:

Allan Gillies
Signature

GEORGE G. DUFFY Title
SPECIAL AGENT
IN CHARGE

4/1/63

Date

Rating Approved by:

W. P. Callahan
Signature

ALLAN GILLIES Title
Assistant Director

APR 9 1963

Date

TYPE OF REPORT

- (X) Official
(X) Annual

REC-137

- () Administrative
() 60-Day
() 90-Day
() Transfer
() Separation from Service
() Special

67-81274-307	
Searched	Numbered
APR 8 1963	

APR 15 1963

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee J. RICHARD NICHOLSTitle SPECIAL AGENT, GS-13Rating Period: from 4/1/62 to 3/31/63

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

- Rate items as follows:
- + Outstanding (exceeding excellent and deserving of special commendation).
 - E Excellent.
 - ✓ Satisfactory (good or very good).
 - Unsatisfactory.
 - O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

1. "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - A. Any element rated "Unsatisfactory" must be supported by narrative comments.
 - B. An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- | | |
|---|--|
| <ul style="list-style-type: none"> <u>E</u> (1) Personal appearance. <u>E</u> (2) Personality and effectiveness of his personal contacts. <u>E</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). <u>E</u> (4) Physical fitness (including health, energy, stamina). <u>+</u> (5) Resourcefulness and ingenuity. <u>E</u> (6) Forcefulness and aggressiveness as required. <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility. <u>+</u> (9) Planning ability and its application to the work. <u>E</u> (10) Accuracy and attention to pertinent detail. <u>+</u> (11) Industry, including energetic, consistent application to duties. <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. <u>✓</u> (14) Technical or mechanical skills. <u>+</u> (15) Investigative ability and results: <ul style="list-style-type: none"> <u>O</u> (a) Internal security cases <u>O</u> (b) Criminal or general investigative cases <u>O</u> (c) Fugitive cases <u>+</u> (d) Applicant cases <u>O</u> (e) Accounting cases <u>O</u> (16) Physical surveillance ability. | <ul style="list-style-type: none"> <u>✓</u> (17) Firearms ability. <u>O</u> (18) Development of informants and sources of information. <u>E</u> (19) Reporting ability: <ul style="list-style-type: none"> <u>E</u> (a) Investigative reports <u>O</u> (b) Summary reports <u>E</u> (c) Memos, letters, wires
(Consider: <u>E</u> conciseness; <u>E</u> clarity; <u>E</u> organization; <u>E</u> thoroughness; <u>E</u> accuracy; <u>E</u> adequacy and pertinency of leads; <u>E</u> administrative detail.) <u>O</u> (20) Performance as a witness. <u>O</u> (21) Executive ability: <ul style="list-style-type: none"> _____ (a) Leadership _____ (b) Ability to handle personnel _____ (c) Planning _____ (d) Making decisions _____ (e) Assignment of work _____ (f) Training subordinates _____ (g) Devising procedures _____ (h) Emotional stability _____ (i) Promoting high morale _____ (j) Getting results <u>O</u> (22) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> _____ (a) As leader _____ (b) As participant <u>E</u> (23) Organizational interest, such as making of suggestions for improvement. <u>E</u> (24) Ability to work under pressure. <u>E</u> (25) Miscellaneous. Specify and rate:
 <u>E</u> Dictation ability _____

 _____ |
|---|--|

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): _____

Applicant and SGE

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): _____

Investigator

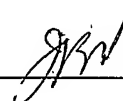
- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
- (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
- D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)
- E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: _____

EXCELLENT

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS _____



PART I
GENERAL COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY

SA NICHOLS dresses in good taste and has a businesslike personal appearance. His friendly and congenial personality is an asset in his official contacts.

2. ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS

He has demonstrated repeatedly that he is able to handle complicated and sensitive inquiries with a minimum of supervision.

3. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS

He has not participated in raids or dangerous assignments during the period. It is felt that because of his past experience he could satisfactorily perform these duties if so assigned. He qualifies in the use of firearms.

4. ANY LIMITATIONS ON AVAILABILITY: ANY PHYSICAL LIMITATIONS AFFECTING PERFORMANCE

He has no physical limitations and is certified for strenuous physical exertion. He is available for general and special assignment.

5. INCENTIVE AWARDS AND COMMENDATIONS
(SUMMARY, NOT VERBATIM)

N. A.

JW

6. TYPES OF CASES OR WORK HANDLED AND APPRAISAL
OF OVER-ALL PERFORMANCE

During the rating period SA NICHOLS was assigned to the applicant squad handling investigative assignments in Montgomery County, Maryland, and in Northern Virginia, as the case load required. In addition he was assigned approximately 100 SGE cases per month which cases were handled by an Investigative Clerk. The responsibility for these cases however remains with SA NICHOLS. He is a very enthusiastic employee and has demonstrated he is a very competent investigator. The results of his inquiries are thorough and complete and the results thereof accurately reported. He is rated excellent in dictation and his performance during the period has been ^{PART II} excellent.

SPECIFIC COMMENTS

1. JUSTIFICATION FOR ANY MINUS RATINGS GIVEN

N. A.

2. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE

N. A.

3. PARTICIPATION IN INFORMANT PROGRAMS

Due to the limited opportunities presented by nature of his current assignment, he has not been able to fully participate in this program. He is aware of the Bureau's responsibilities in this field and is alert for good potential.

4. TESTIFYING EXPERIENCE AND ABILITY

None during period. Has given satisfactory testimony in the past.

5. DISCIPLINARY ACTION

N.A.

6. ACCOUNTING INFORMATION

N.A.

JW

7. POLICE INSTRUCTION

NA.

8. SOUND TRAINING

N.A.

9. RESIDENT AGENTS

N.A.

10. FOREIGN LANGUAGE ABILITY NA..

Language in which proficient _____.

Completed language school _____ Yes _____ No _____

Fluent in _____ Language to extent Agent can handle
typical investigative problems as follows:

- 1) conversation form - Yes _____ No _____
2) written form - Yes _____ No _____

(Evaluate language proficiency in each phase as Excellent, Very Good, Good, Fair or Unsatisfactory)

<u>Name of Language</u>	<u>Read</u>	<u>Write</u>	<u>Speak</u>	<u>Understand</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Frequency _____ Language ability was used
during the rating period:

gms

11. ADMINISTRATIVE ADVANCEMENT:

- a) Agent is interested in administrative advancement - Yes X No
- b) Agent is completely available for administrative advancement - Yes X No
- c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance - Yes X No
- d) If answer to (c) is "yes", consider qualifications very good X , excellent , Outstanding .
- e) If answer to (c) is "no", Agent has potential for future administrative advancement. - Yes No
(If applicable, explanatory comments required.)

Rating: EXCELLENT

g/n

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

July 18, 1963

I certify that I have received the following Government property for official use:

~~EXEMPT~~

from for

COLT OFFICIAL

~~EXEMPT MILITARY AND~~ POLICE .38 Cal. Revolver # 634433
HIP HOLSTER AND ADAPTER

RETURNED:

COLT OFFICIAL POLICE .38 Cal. Revolver # 693784
HIP HOLSTER AND ADAPTER

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

FILL

Very truly yours, **3-M**

PER

(Written
Signature)

(Typed
Signature)

J. Richard Nichols
J. Richard Nichols

REPORT OF MEDICAL EXAMINATION

W.F.O. FBI

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>NICHOLS, J. RICHARD</i>		2. GRADE AND COMPONENT OR POSITION <i>SA</i>	3. IDENTIFICATION NUMBER <i>FBI</i>
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION <i>Annual</i>	6. DATE OF EXAMINATION <i>9/19/63</i>
7. SEX <i>M</i>	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	10. AGENCY	11. ORGANIZATION UNIT
9. DATE OF BIRTH <i>9/5/14</i>	13. PLACE OF BIRTH <i>DICKERSON, MD</i>	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>WRGA</i>		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION		ABNOR-
NOR-	(Check each item in appropriate column; enter "NE" if not evaluated.)	MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

ENCLOSURE

REC-138

67-7774-308
8 OCT 8 1963
3/CLP

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																									
<div>○—Restorable teeth /—Nonrestorable teeth</div> <div>X—Missing teeth XXX—Replaced by dentures</div> <div>(6 X 8)—Fixed bridge, brackets to include abutments</div> <table><tr><td>R</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>L</td></tr><tr><td>I</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>X</td><td>X</td><td>X</td><td>E</td></tr><tr><td>G</td><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td><td>F</td></tr><tr><td>H</td><td></td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>X</td><td>X</td><td></td><td>T</td></tr></table>		R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L	I														X	X	X	E	G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F	H		X	X											X	X		T	Exam type III cl- cal heavy	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L																																																										
I														X	X	X	E																																																										
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F																																																										
H		X	X											X	X		T																																																										

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <i>1.015</i>		46. CHEST X-RAY (Place, date, film number and result) <i>C-33153 Normal.</i>	
B. ALBUMIN <i>neg.</i>		D. MICROSCOPIC <i>neg.</i>	
C. SUGAR <i>neg.</i>		E. BLOOD TYPE AND RH FACTOR <i>ser report.</i>	
47. SEROLOGY (Specify test used and result)		50. OTHER TESTS	

1000711-146

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT <i>6'1 1/4"</i>	52. WEIGHT <i>188</i>	53. COLOR HAIR <i>brn</i>	54. COLOR EYES <i>brn</i>	55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE <i>98.6</i>																											
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)																												
A. SITTING SYS. <i>135</i> DIAS. <i>80</i>	B. RECUMBENT SYS. DIAS.	C. STANDING (3 min.) SYS. DIAS.	A. SITTING <i>76</i>	B. AFTER EXERCISE	C. 2 MIN. AFTER																											
59. DISTANT VISION			60. REFRACTION																													
RIGHT 20/ <i>25</i> CORR. TO 20/ <i>20</i>			BY S. OX																													
LEFT 20/ <i>25</i> CORR. TO 20/ <i>20</i>			BY S. OX																													
61. NEAR VISION			J-3 CORR. TO J-1+ BY																													
62. HETEROPHORIA (Specify distance)			J-3 CORR. TO J-1+ BY																													
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT																											
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)																												
RIGHT LEFT		<i>Normal Pseudo</i>		UNCORRECTED																												
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		CORRECTED																												
70. HEARING		71. AUDIOMETER		72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																												
RIGHT WV <i>15</i> /15 SV <i>15</i> /15		<table border="1"> <tr> <td></td> <td>250 256</td> <td>500 512</td> <td>1000 1024</td> <td>2000 2048</td> <td>3000 2896</td> <td>4000 4096</td> <td>6000 6144</td> <td>8000 8192</td> </tr> <tr> <td>RIGHT</td> <td><i>15</i></td> <td><i>20</i></td> <td><i>15</i></td> <td><i>15</i></td> <td><i>15</i></td> <td><i>15</i></td> <td><i>15</i></td> <td><i>15</i></td> </tr> <tr> <td>LEFT</td> <td><i>15</i></td> <td><i>10</i></td> <td><i>20</i></td> <td><i>20</i></td> <td><i>20</i></td> <td><i>20</i></td> <td><i>20</i></td> <td><i>20</i></td> </tr> </table>			250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	RIGHT	<i>15</i>	<i>20</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	LEFT	<i>15</i>	<i>10</i>	<i>20</i>	<i>20</i>	<i>20</i>	<i>20</i>	<i>20</i>	<i>20</i>		
	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192																								
RIGHT	<i>15</i>	<i>20</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>																								
LEFT	<i>15</i>	<i>10</i>	<i>20</i>	<i>20</i>	<i>20</i>	<i>20</i>	<i>20</i>	<i>20</i>																								
LEFT WV <i>15</i> /15 SV <i>15</i> /15																																

current health good

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

1-0

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) <i>None</i>		76. A. PHYSICAL PROFILE					
		P	U	L	H	E	S
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR		B. PHYSICAL CATEGORY					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER		A	B	C	E		
79. TYPED OR PRINTED NAME OF PHYSICIAN <i>[Redacted]</i>		SIGNATURE <i>[Redacted]</i>					
80. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE <i>[Redacted]</i>					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) <i>LT Col</i>		SIGNATURE <i>[Redacted]</i>					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY		SIGNATURE <i>[Redacted]</i>					
		NUMBER OF ATTACHED SHEETS					

b6
b7C

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME NICHOLS, J. RICHARD		2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT	3. IDENTIFICATION NO. 103
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION ANNUAL	6. DATE OF EXAMINATION 9/19/63
7. SEX M	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	10. AGENCY	11. ORGANIZATION UNIT
12. DATE OF BIRTH 9/5/14	13. PLACE OF BIRTH DICKERSON, MD.	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION	
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) GOOD			

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	89	GOOD			<input checked="" type="checkbox"/>		HAD TUBERCULOSIS (Bone)	BROTHER
MOTHER		DECEASED	HEART	60		<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE		GOOD				<input checked="" type="checkbox"/>	HAD DIABETES	
	61	"				<input checked="" type="checkbox"/>	HAD CANCER	
BROTHERS	58	"				<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
AND	56	"			<input checked="" type="checkbox"/>		HAD HEART TROUBLE	MOTHER
SISTERS	54	"				<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE	
	51	"				<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	
CHILDREN		"				<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
		"				<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
		"				<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
		"				<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)			
YES	NO	(Check each item)	YES NO (Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/> TUMOR, GROWTH, CYST, CANCER
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/> RUPTURE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/> APPENDICITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/> PILES OR RECTAL DISEASE
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/> FREQUENT OR PAINFUL URINATION
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/> KIDNEY STONE OR BLOOD IN URINE
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/> SUGAR OR ALBUMIN IN URINE
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/> BOILS
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/> VENEREAL DISEASE
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/> RECENT GAIN OR LOSS OF WEIGHT
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/> ARTHRITIS OR RHEUMATISM
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/> BONE, JOINT, OR OTHER DEFORMITY
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/> LAMENESS
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/> LOSS OF ARM, LEG, FINGER, OR TOE
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/> PAINFUL OR "TRICK" SHOULDER OR ELBOW
<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/> PENICILLIN
<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/> TRICK OR LOCKED KNEE
<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/> FOOT TROUBLE
<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/> NEURITIS
<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/> PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/> EPILEPSY OR FITS
<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/> CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/> FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/> FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/> DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/> LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/> BED WETTING
<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/> NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/> ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/> EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
<input checked="" type="checkbox"/> WORN GLASSES SLIGHT	<input checked="" type="checkbox"/> ATTEMPTED SUICIDE	<input checked="" type="checkbox"/> BEEN PREGNANT	AGE AT ONSET OF MENSTRUATION		
<input checked="" type="checkbox"/> WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/> BEEN A SLEEP WALKER	<input checked="" type="checkbox"/> HAD A VAGINAL DISCHARGE	INTERVAL BETWEEN PERIODS		
<input checked="" type="checkbox"/> WORN HEARING AIDS	<input checked="" type="checkbox"/> LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input checked="" type="checkbox"/> BEEN TREATED FOR A FEMALE DISORDER	DURATION OF PERIODS		
<input checked="" type="checkbox"/> STUTTERED OR STAMMERED	<input checked="" type="checkbox"/> COUGHED UP BLOOD	<input checked="" type="checkbox"/> HAD PAINFUL MENSTRUATION	DATE OF LAST PERIOD		
<input checked="" type="checkbox"/> WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/> BLEED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input checked="" type="checkbox"/> HAD IRREGULAR MENSTRUATION	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY		
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1	24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? all life ADULT	25. WHAT IS YOUR USUAL OCCUPATION? See above	26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED		

ENCLOSURE

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
✓		A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
✓		B. INABILITY TO PERFORM CERTAIN MOTIONS
✓		C. INABILITY TO ASSUME CERTAIN POSITIONS
✓		D. OTHER MEDICAL REASONS (If yes, give reasons)
✓		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
✓		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
✓		30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
✓		31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
✓		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
✓		33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
✓		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
✓		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
✓		36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
✓		37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
✓		38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
✓		39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
 I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE: J. RICHARD NICHOLS SIGNATURE: [Signature]

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

current health good

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF SHEETS	FILED
	9/19/1963	[Signature]		
			FBI	
			b6 b7c	

b6
b7C

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

b6
b7C

NICHOLS, J. RICHARD

W R G H

ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)

5A-FBT

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee
(Type or print)

Nichols . J . RICHARD
Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

ENCLOSURE

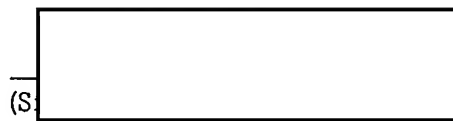
Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

(S)



(Date)

9/19/93

b6
b7C



UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

In Reply, Please Refer to
File No.

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>J. RICHARD NICHOLS</u>	<u>8/2/63</u>	<u>WFO</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary)	Relationship
[Redacted]	<u>WIFE</u>
Address <u>3806 JEFFRY STREET, SILVER SPRING, MD</u>	
Name (contingent)	Relationship
[Redacted]	<u>DAUGHTER</u>
Address <u>(SAME AS ABOVE)</u>	

b6
b7C

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary)	Relationship
[Redacted]	<u>WIFE</u>
Address <u>3806 JEFFRY ST. SILVER SPRING, MD</u>	
Name (contingent)	Relationship
[Redacted]	<u>DAUGHTER</u>
Address <u>(SAME AS ABOVE)</u>	

b6
b7C

Very truly yours,

Special Agent

Payment Received
Special Agents Insurance Fund

AUG 27 1963

SEP 12 1963

J. Edgar Hoover, Dir.

1. Agency and organizational designations FBI						2. Payroll period		3. Block No.		4. Slip No.	
5. Employee's name (and social security account number when appropriate) #11192 MR. J. RICHARD NICHOLS SA						6. Grade and salary GS 13 Step 4 \$12,245					
PAYROLL CHANGE DATA											
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F.I.C.A.	STATE TAX	GROUP LIFE INS.	NET PAY
7. Previous normal											
8. New normal											
9. Pay this period											
10. Remarks: Work is of an acceptable level of competence.								11. Appropriation(s)		12. Prepared by	
										13. Audited by	
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase _____											
14. Effective date 4-22-63		15. Date last equivalent increase 4-20-62		16. Old salary rate \$11,880		17. New salary rate \$12,245		18. Performance rating is satisfactory or better. <div style="text-align: right;"> <i>J. E. Moore</i> (Signature or other authentication) </div>			
19. LWOP data (Fill in appropriate space covering LWOP during following periods): Period 31 APR 25 1963 <input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP _____								(Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.			
STANDARD FORM NO. 1126d 6 GAO 8000 1126-507								PAYROLL CHANGE SLIP — PERSONNEL COPY <i>3/ppl</i>			

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Mohr

FROM : Mr. Callahan *mc*

SUBJECT: J. RICHARD NICHOLS
Special Agent
Washington Field Office
SERVICE AWARD LETTER
25th Anniversary 4-12-64

DATE: February 28, 1964

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

b6
b7C

Mr. J. Richard Nichols, Special Agent in the Washington Field Office, celebrates his 25th Anniversary of service with the Bureau on 4-12-64.

Since SA Nichols's 20th Anniversary on 4-12-59, he has received no letters of commendation or censure. He is presently in grade GS-13, \$12,880, and was rated Excellent on last performance report.

The Director may desire to present SA Nichols's letter and Key personally. If so, it is suggested that the presentation be made on Friday, April 10, 1964, since SA Nichols's anniversary is on a Sunday. A suggested letter is attached.

pm
Enclosure

1 - Miss Holmes (Sent Direct)

RRB:dks
(3)

OK *Key*

OK

OK

1 - Subward
mr *OK*

10-131

67-81294-309
10 MAR 1964

b6
b7C

70 *(33)*

APR 15 1964

82

APR 1 1964

3



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <i>J. RICHARD NICHOLS</i>	<i>2/4/64</i>	<i>WFO</i>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (print)	Relationship
[Redacted]	<i>WIFE</i>

Address
<i>3806 JEFFRY ST., SILVER SPRING, MARYLAND</i>

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	<i>DAUGHTER</i>

Address
<i>(SAME AS ABOVE)</i>

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (print)	Relationship
[Redacted]	<i>WIFE</i>

Address
<i>3806 JEFFRY ST., SILVER SPRING, MARYLAND</i>

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	<i>DAUGHTER</i>

Address
<i>(SAME AS ABOVE)</i>

Very truly yours,

J. Richard Nichols
Special Agent

26
NOT RECORDED
FEB 4 1964

SAC, WFO (66-3753)

January 22, 1964

Director, FBI (66-2058-53)

PERSONAL ATTENTION

ACCIDENT INVOLVING BUCAR 59-367
1959 FORD, DRIVEN BY
SA J. RICHARD NICHOLS, 1-13-64

SA Nichols is not being held responsible for this accident. Aggressively follow on payment of repairs to Bucar.

1 - Voucher Unit (Sent Direct)
Damages - \$54.76

① Personnel file of SA J. Richard Nichols

CTP
(6)

NOTE: Accident occurred about 10:50 a. m. as SA Nichols, driving Bucar and accompanied by three other agents, was proceeding east on St. Elmo Ave. in Bethesda. As he passed driveway of 4910 St. Elmo Ave., third party backed into right rear fender of Bucar. No injuries sustained by anyone. It was snowing at the time and the street was covered with snow. Bucar had snow chains on at time and was traveling about 10 - 12 mph. Third party admitted his responsibility for accident and stated he had been rocking his car back and forth to gain traction on a snow filled driveway and failed to see Bucar. Third party insured with Aetna Casualty Insurance Co. No police investigation made.

DUPLICATE YELLOW

FOR THE PERSONNEL FILE OF J. RICHARD NICHOLS

DISTRICT OF COLUMBIA DEPARTMENT OF PUBLIC HEALTH

- ☒ Your chest x-ray was satisfactory. Yearly x-rays are recommended.
☐ Please return for another chest x-ray.
☐ Your x-ray was not clear—caused by motion or technical difficulty.
☐ The result of the small film needs rechecking with a large film.
☐ It is time for your follow-up x-ray.

X-RAY HOURS: Monday through Friday from 8:15 A.M. to 4 P.M.

- ☐ Please return for consultation with the physician.

CHEST CONSULTATION HOURS:

Monday through Friday from 8:15 A.M. to 4 P.M.

Appt. Date: _____ Time _____

- ☐ You have missed your appointment, please return for _____

BRING THIS CARD WITH YOU.

Report to Northwest Central Clinic, 1325 Upshur Street, N.W.

Name J. Richard Nichols

No.

67563

DATE MAR 8 1965

1965

PH-93-22 (old 98A-PH 713) (Rev. 12-64)

200M

56
67-NOT RECORDED
8 MAY 5 1965

3/
JMP

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: J. RICHARD NICHOLSWhere Assigned: WASHINGTON FIELD OFFICE
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT, GS-13Rating Period: from APRIL 1, 1963 to MARCH 31, 1964ADJECTIVE RATING: EXCELLENT
*Outstanding, Excellent, Satisfactory, Unsatisfactory*Employee's
Initials
ARN

Rated by:

George G. Duffy
Signature

SUPERVISOR

3/31/64

Date

Reviewed by:

Thomas J. Jenkins
SignatureSPECIAL AGENT
IN CHARGE

3/31/64

Date

Rating Approved by:

M. P. Callahan
Signature

Assistant Director

APR 15 1964

Date

TYPE OF REPORT

☒ Official
☒ Annual

REC-132

☐ Administrative
☐ 60-Day
☐ 90-Day
☐ Transfer
☐ Separation from Service
☐ Special

67-87294-310

APR 10 1964

70
42

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee J. RICHARD NICHOLSTitle SPECIAL AGENT, GS-13Rating Period: from 4/1/63 to 3/31/64

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared. Rate items as follows:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
O No opportunity to appraise performance during rating period.

Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- E (1) Personal appearance.
E (2) Personality and effectiveness of his personal contacts.
+ (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).
E (4) Physical fitness (including health, energy, stamina).
+ (5) Resourcefulness and ingenuity.
E (6) Forcefulness and aggressiveness as required.
+ (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.
E (8) Initiative and the taking of appropriate action on own responsibility.
+ (9) Planning ability and its application to the work.
E (10) Accuracy and attention to pertinent detail.
+ (11) Industry, including energetic, consistent application to duties.
+ (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.
+ (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.
✓ (14) Technical or mechanical skills.
+ (15) Investigative ability and results:
 - + Internal security cases
 - + Criminal or general investigative cases
 - + Fugitive cases
 - + Applicant cases
 - + Accounting cases- O (16) Physical surveillance ability.

- ✓ (17) Firearms ability.
O (18) Development of informants and sources of information.
E (19) Reporting ability:
 - E Investigative reports
 - O Summary reports
 - E Memos, letters, wires
(Consider: E conciseness; E clarity; E organization; E thoroughness; E accuracy; E adequacy and pertinency of leads; E administrative detail.)- O (20) Performance as a witness.
O (21) Executive ability:
 - _____ (a) Leadership
 - _____ (b) Ability to handle personnel
 - _____ (c) Planning
 - _____ (d) Making decisions
 - _____ (e) Assignment of work
 - _____ (f) Training subordinates
 - _____ (g) Devising procedures
 - _____ (h) Emotional stability
 - _____ (i) Promoting high morale
 - _____ (j) Getting results
- O (22) Ability on raids and dangerous assignments:
 - _____ (a) As leader
 - _____ (b) As participant
- E (23) Organizational interest, such as making of suggestions for improvement.
- E (24) Ability to work under pressure.
- E (25) Miscellaneous. Specify and rate:

Dictation ability _____

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Applicant and SGE

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "Yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? X Yes No
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

EXCELLENT

ADJECTIVE RATING:

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

JRN

PART I

GENERAL COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

SA NICHOLS dresses in good taste and is always well groomed. His friendly and congenial personality is a definite asset in his official contacts.

2. ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS:

He has demonstrated repeatedly he is capable of handling complicated and sensitive inquiries with a minimum of supervision.

3. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

He has not participated in raids or dangerous assignment during the period. In view of his past experience, it is felt he could satisfactorily perform these duties if so assigned. He qualifies in the use of firearms.

4. ANY LIMITATIONS ON AVAILABILITY; ANY PHYSICAL LIMITATIONS AFFECTING PERFORMANCE:

He has no physical limitations and is certified for strenuous physical exertion. He is available for general and special assignment.

5. SUMMARY OF INCENTIVE AWARDS AND COMMENDATIONS:

On 4/12/63 the SAC had occasion to express his appreciation to SA NICHOLS for his excellent performance as a keyman in the 1963 Federal Services Joint Crusade and the National Health Agencies Campaign. SA NICHOLS was among the agents of this office who were commended by the Director on 9/11/63 for his participation in an investigation

6. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE: (see next page)

During the period he has been assigned to the Applicant Squad handling investigations principally in Montgomery County, Md. As the case load required, his services were utilized in Northern Va. and in the major colleges in Washington, D. C. In addition, SA NICHOLS is assigned approximately 100 SGE cases per month which are handled by an Investigative Clerk. Primary responsibility of these cases remains with SA NICHOLS. He is an extremely capable investigator and a very enthusiastic employee. His investigations are thorough and complete and the results thereof accurately reported. He is rated excellent in dictation, and his performance during the period has been excellent.

[Signature]

5. (Continued)

in the security field. SA NICHOLS was among the personnel of this office who were commended by the Director on 10/18/63 for his participation in the United Givers Fund Campaign. SA NICHOLS was among the personnel of this office commended by the Director on 11/22/63 for his participation in the training of new agents. On 12/12/63 the SAC had occasion to express his appreciation to SA NICHOLS for volunteering to work on 11/25/63 in connection with the emergency occasioned by the assassination of the President.

gaw

PART II

SPECIFIC COMMENTS

1. JUSTIFICATION FOR ANY MINUS RATINGS GIVEN:

N. A.

2. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

N. A.

3. PARTICIPATION IN INFORMANT PROGRAMS:

In view of his current assignment he has not had the opportunity to participate in this program. He is aware of the Bureau's responsibilities in this field and is constantly alert for good potential.

4. TESTIFYING EXPERIENCE AND ABILITY:

None during period. He previously gave satisfactory testimony.

5. DISCIPLINARY ACTION: (Including items taken into consideration on rating guide and check list.)

N. A.

6. ACCOUNTING INFORMATION:

N. A.

7. POLICE INSTRUCTION:

N. A.

8. SOUND TRAINING:

N. A.

gms

9. RESIDENT AGENTS:

N. A.

10. FOREIGN LANGUAGE ABILITY:

N. A.

11. ADMINISTRATIVE ADVANCEMENT:

(a) Agent is interested in administrative advancement. Yes X No

(b) Agent is completely available for administrative advancement. Yes X No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. Yes X No

(d) If answer to (c) is "yes" Agent's qualifications considered very good X, excellent , outstanding.

(e) If answer to (c) is "no", Agent considered to have potential for future administrative advancement. Yes No
(If applicable, explanatory comments required.)

Rating: EXCELLENT

 JBW
Initials

UNITED STATES GOVERNMENT

Memorandum

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

TO : Mr. Callahan

DATE: 4-9-64

FROM : C. R. Davidson *CRD*

SUBJECT: J. RICHARD NICHOLS
Special Agent
Washington Field Office
Veteran
EOD 4-24-36 (Clerk); Resigned 4-23-38;
Reinstated 7-1-38 (Clerk); Military Leave
from 7-14-43 to 2-11-46; Last EOD as SA 8-16-48; GS-13, \$12,880.

The following is a brief summary of Mr. Nichols' file for the Director's use. He celebrates his 25th Anniversary of service with the Bureau on 4-12-64.

Mr. Nichols entered on duty 4-24-36 as a Clerk, resigned 4-23-38 and was reinstated 7-1-38 as a Clerk. He was on Military Leave from 7-14-43 to 2-11-46 and was appointed to the Special Agent position on 8-16-48. It is noted he was appointed to the position of Special Agent on three previous occasions, and was returned to clerical assignments because of his failure to develop. In this regard it is noted that he became extremely nervous which was believed due more to an intenseness to try to make the grade than it was from any lack of real ability. SA Nichols has served in the Omaha and Philadelphia Offices and since 9-20-54 he has been assigned to the Washington Field Office. He is 49 years old, is married and has 2 children. He is in Grade GS-13 at \$12,880 per annum.

SAC Gillies rated him EXCELLENT on his 1963 annual performance report and noted he was assigned to the applicant squad handling investigative assignments in Montgomery County, Maryland, and in Northern Virginia, as the case load required. In addition he was assigned approximately 100 Security of Government Employees cases per month which cases were handled by an Investigative Clerk; however, responsibility for these cases remained with SA Nichols. He had demonstrated repeatedly that he was able to handle complicated and sensitive inquiries with a minimum of supervision and he was considered a very competent investigator. He was interested in, available for and had very good qualifications for administrative advancement.

SA Nichols has been CENSURED on one occasion during his Bureau career and this was by letter dated 6-13-51 for his poor judgment in commenting to an employee of another governmental agency regarding the accuracy of certain information appearing in a list of names on the desk of this employee when this list of names did not pertain to a matter within the scope of his official duties and he had no official reason for

Enclosure - Permanent Brief
FDH:prf (2) *3*
5 APR 17 1964 *70*


REC-142 67-87295-311
Searched _____ Numbered _____
1 APR 15 1964 (over)
3 *mu*

observing the list. His action in this instance was resented by the other governmental agency and was called to the attention of the Philadelphia Office. He had not been COMMENDED.

The Director personally presented him with his Twenty-Year Service Award Key and letter dated 4-12-59 on 4-10-59.

SA Nichols is presently serving in his office of preference, having listed Washington Field as his only office of preference as of February, 1962.

His overtime performance is considered satisfactory.



April 12, 1964

PERSONAL

Mr. J. Richard Nichols
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Nichols:

In appreciation of your twenty-five years of dedicated service with the FBI, I am especially pleased to extend my sincerest congratulations and to present the enclosed Twenty-five-Year Service Award Key.

The progress the Bureau has made to its position of prominence in the field of law enforcement and the achievements realized over the years have been the result of the ability with which our seasoned veterans have handled our tremendous responsibilities. I feel we will be able to continue this pattern in the future and strengthen our position even more if our experienced associates such as you continue as they have in the past. Your fine services reflect inestimable credit on you and the Bureau and show that you have faithfully carried out the principles of "Fidelity, Bravery, Integrity."

I trust we will have the benefit of your experience for many more years.

With best wishes and kindest regards,

Sincerely,

Enclosure

1 - SAC, WFO (Personal Attention)

1 - Miss Holmes (Sent Direct)

RRB:dks

(5)

67-87294

Based on memo Callahan to Mohr,
2-28-64 RRB:dks

Tolson _____
Belmont _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
DeLoach _____
Evans _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

MAR 29 9 41 AM '64
REC'D-READING ROOM
FBI

SENT FROM D. O.	
TIME	10:00 AM
DATE	11-10-64
BY	The Director

REPORT OF MEDICAL EXAMINATION

F.B.I. 88-10

1. LAST NAME—FIRST NAME—MIDDLE NAME NICHOLS, J. RICHARD			2. GRADE AND COMPONENT OR POSITION SPECIAL AGT-13		3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION 9-24-64
7. SEX M	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT
12. DATE OF BIRTH 9-5-14		13. PLACE OF BIRTH DICKERSON, MO		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS WRGH				16. OTHER INFORMATION	
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION		
NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

REC-144

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Exam type III cl. II cal slight
O—Restorable teeth I—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments		
R I G H T	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 X X X X X X X X X X X X X X X	L E F T

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.024	B. ALBUMIN neg	C. SUGAR neg	46. CHEST X-RAY (Place, date, film number and result) C-33153 Chest is neg. There is apparent old healed rib fracture of the left fifth and sixth ribs laterally.
47. SEROLOGY (Specify test used and result) OCT 11 1964 neg	D. MICROSCOPIC Senes bradycardia, otherwise WNL.	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT <i>74 1/4</i>	52. WEIGHT <i>195</i>	53. COLOR HAIR <i>Brown</i>	54. COLOR EYES <i>Brown</i>	55. BUILD: (Check one) SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>	56. TEMPERATURE <i>98.0</i>		
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)				
A. SITTING SYS. <i>120</i> DAS. <i>70</i>	B. RECUMBENT SYS. <i>70</i>	C. STANDING (3 min.) SYS. <i>76</i>					
59. DISTANT VISION			60. REFRACTION				
RIGHT 20/ <i>20</i>	CORR. TO 20/ <i>20</i>	BY S. OX	61. NEAR VISION				
LEFT 20/ <i>30</i>	CORR. TO 20/	BY S. OX	5-10 CORR. TO 5-17 BY				
62. HETEROPHORIA (Specify distance)							
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT		
63. ACCOMMODATION		64. COLOR VISION (Test used and result) <i>Normal PI</i>		65. DEPTH PERCEPTION (Test used and score)			
RIGHT	LEFT			UNCORRECTED			
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST			
				69. INTRAOCULAR TENSION			
70. HEARING		71. AUDIOMETER					
RIGHT WV <i>15</i> /15 SV <i>15</i> /15		250 256 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192					
LEFT WV <i>15</i> /15 SV <i>15</i> /15		RIGHT <i>5 5 5 10</i> LEFT <i>5 5 5 15</i>					
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)							

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

current health good

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

80. TYPED OR PRINTED NAME OF PHYSICIAN

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

SIGNATURE

[Signature]

[Signature]

NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

F.B.I.
-103

1. LAST NAME—FIRST NAME—MIDDLE NAME NICHOLS, J. RICHARD		2. GRADE AND COMPONENT OR POSITION SPECIAL AGENT	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION ANNUAL	6. DATE OF EXAMINATION 9/24/64
7. SEX M	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	10. AGENCY	11. ORGANIZATION UNIT
12. DATE OF BIRTH 9-5-14		13. PLACE OF BIRTH DICKERSON, MD.	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN.		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	
16. OTHER INFORMATION		17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)	

GOOD

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	90	GOOD			✓		HAD TUBERCULOSIS	FATHER at 81 yrs.
MOTHER		DIED AT AGE 61	HEART FAILURE	61		✓	HAD SYPHILIS	
SPOUSE		GOOD			✓		HAD DIABETES (SLIGHT)	BROTHER
	63	"				✓	HAD CANCER	
BROTHERS	60	"				✓	HAD KIDNEY TROUBLE	
AND	58	"			✓		HAD HEART TROUBLE	MOTHER
SISTERS	56	"				✓	HAD STOMACH TROUBLE	
	53	"				✓	HAD RHEUMATISM (Arthritis)	
CHILDREN		GOOD				✓	HAD ASTHMA, HAY FEVER, HIVES	
		"				✓	HAD EPILEPSY (Fits)	
						✓	COMMITTED SUICIDE	
						✓	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)											
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
✓		SCARLET FEVER, ERYSIPELAS	✓		GOITER	✓		TUMOR, GROWTH, CYST, CANCER	✓		"TRICK" OR LOCKED KNEE
✓		DIPHTHERIA	✓		TUBERCULOSIS	✓		RUPTURE	✓		FOOT TROUBLE
✓		RHEUMATIC FEVER	✓		SOAKING SWEATS (Night sweats)	✓		APPENDICITIS	✓		NEURITIS
✓		SWOLLEN OR PAINFUL JOINTS	✓		ASTHMA	✓		PILES OR RECTAL DISEASE	✓		PARALYSIS (Inc. infantile)
✓		MUMPS	✓		SHORTNESS OF BREATH	✓		FREQUENT OR PAINFUL URINATION	✓		EPILEPSY OR FITS
✓		WHOOPING COUGH	✓		PAIN OR PRESSURE IN CHEST	✓		KIDNEY STONE OR BLOOD IN URINE	✓		CAR, TRAIN, SEA, OR AIR SICKNESS
✓		FREQUENT OR SEVERE HEADACHE	✓		CHRONIC COUGH	✓		SUGAR OR ALBUMIN IN URINE	✓		FREQUENT TROUBLE SLEEPING
✓		DIZZINESS OR FAINTING SPELLS	✓		PALPITATION OR POUNDING HEART	✓		BOILS	✓		FREQUENT OR TERRIFYING NIGHTMARES
✓		EYE TROUBLE	✓		HIGH OR LOW BLOOD PRESSURE	✓		VENEREAL DISEASE	✓		DEPRESSION OR EXCESSIVE WORRY
✓		EAR, NOSE OR THROAT TROUBLE	✓		CRAMPS IN YOUR LEGS	✓		RECENT GAIN OR LOSS OF WEIGHT	✓		LOSS OF MEMORY OR AMNESIA
✓		RUNNING EARS	✓		FREQUENT INDIGESTION	✓		ARTHRITIS OR RHEUMATISM	✓		BED WETTING
✓		CHRONIC OR FREQUENT COLDS	✓		STOMACH, LIVER OR INTESTINAL TROUBLE	✓		BONE, JOINT, OR OTHER DEFORMITY	✓		NERVOUS TROUBLE OF ANY SORT
✓		SEVERE TOOTH OR GUM TROUBLE	✓		GALL BLADDER TROUBLE OR GALL STONES	✓		LAMENESS	✓		ANY DRUG OR NARCOTIC HABIT
✓		SINUSITIS	✓		JAUNDICE	✓		LOSS OF ARM, LEG, FINGER, OR TOE	✓		EXCESSIVE DRINKING HABIT
✓		HAY FEVER	✓		ANY REACTION TO SERUM, DRUG OR MEDICINE PENICILIN	✓		PAINFUL OR "TRICK" SHOULDER OR ELBOW	✓		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
✓	WORN GLASSES	✓	ATTEMPTED SUICIDE		AGE AT ONSET OF MENSTRUATION
✓	WORN AN ARTIFICIAL EYE	✓	BEEN A SLEEP WALKER		INTERVAL BETWEEN PERIODS
✓	WORN HEARING AIDS	✓	LIVED WITH ANYONE WHO HAD TUBERCULOSIS		DURATION OF PERIODS
✓	STUTTERED OR STAMMERED	✓	COUGHED UP BLOOD		DATE OF LAST PERIOD
✓	WORN A BRACE OR BACK SUPPORT	✓	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION		QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1		24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 25 4/62		25. WHAT IS YOUR USUAL OCCUPATION?	
				26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
	<input checked="" type="checkbox"/>	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

SKIN CANCER ON EAR AND LIP

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

current health good

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE 7/24/1964

SIGN

NUMBER OF ATTACHED SHEETS

b6
b7C

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee
(Type or print)

NICHOLS
Last

J.
First

RICHARD
Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No
If recommendation is based on a factor other than above standard, indicate basis _____

REC'D - ADMIN. DIV
F B I

Desirable Weight Ranges for Males

OCT 7 11 22 AM '61

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____

(S) _____

b6
b7c

9/24/69
(Date)



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <u>J. RICHARD NICHOLS</u>	<u>5/11/64</u>	<u>WFO</u>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary: use given first name if female)	Relationship
[REDACTED]	<u>WIFE</u>

Address
<u>3806 JEFFRY STREET, SILVER SPRING, MD</u>

b6
b7C

Name (contingent beneficiary: if desired: use given first name if female)	Relationship
[REDACTED]	<u>DAUGHTER</u>

Address
<u>(SAME AS ABOVE)</u>

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary: use given first name if female)	Relationship
[REDACTED]	<u>WIFE</u>

Address
<u>3806 JEFFRY ST, SILVER SPRING, MD</u>

b6
b7C

Name (contingent beneficiary: if desired: use given first name if female)	Relationship
[REDACTED]	<u>DAUGHTER</u>

Address
<u>(SAME AS ABOVE)</u>

Very truly yours,

J. Richard Nichols
Special Agent

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: J. RICHARD NICHOLSWhere Assigned: WASHINGTON FIELD OFFICE
(Division) (Section, Unit)Official Position Title and Grade: SPECIAL AGENT, GS-13Rating Period: from April 1, 1964 to March 31, 1965ADJECTIVE RATING: EXCELLENT
Outstanding, Excellent, Satisfactory, UnsatisfactoryEmployee's
Initials

Rated by:

George G. Duffy
Signature

SUPERVISOR

3/31/65

Date

Reviewed by:

George G. Duffy
Signature

SPECIAL AGENT

IN CHARGE

3/31/65

Date

Rating Approved by:

Joseph D. Purvis
Signature

Assistant Director

APR 13 1965

Signature

Title

Date

TYPE OF REPORT

- ☒
- Official
-
- ☒
- Annual

REC-131

- ☐
- Administrative
-
- ☐
- 60-Day
-
- ☐
- 90-Day
-
- ☐
- Transfer
-
- ☐
- Separation from Service
-
- ☐
- Special

67-87244-314
Searched Numbered
APR 12 1965 6778
9 APR 14 1965 75

PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee J. RICHARD NICHOLS Title SPECIAL AGENT, GS-13
Rating Period: from 4/1/64 to 3/31/65

RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).
E Excellent.
✓ Satisfactory (good or very good).
- Unsatisfactory.
0 No opportunity to appraise performance during rating period.

Guide for determining adjective ratings:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
 - Any element rated "Unsatisfactory" must be supported by narrative comments.
 - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- | | |
|---|---|
| <u>E</u> (1) Personal appearance. | <u>✓</u> (17) Firearms ability. |
| <u>E</u> (2) Personality and effectiveness of his personal contacts. | <u>0</u> (18) Development of informants and sources of information. |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load). | <u>E</u> (19) Reporting ability: <ul style="list-style-type: none"> <u>E</u> (a) Investigative reports <u>0</u> (b) Summary reports <u>E</u> (c) Memos, letters, wires (Consider: <u>E</u> conciseness; <u>E</u> clarity; <u>E</u> organization; <u>E</u> thoroughness; <u>-</u> accuracy; <u>E</u> adequacy and pertinency of leads; <u>E</u> administrative detail.) |
| <u>E</u> (4) Physical fitness (including health, energy, stamina). | <u>0</u> (20) Performance as a witness. |
| <u>+</u> (5) Resourcefulness and ingenuity. | <u>0</u> (21) Executive ability: <ul style="list-style-type: none"> <u>-</u> (a) Leadership <u>-</u> (b) Ability to handle personnel <u>-</u> (c) Planning <u>-</u> (d) Making decisions <u>-</u> (e) Assignment of work <u>-</u> (f) Training subordinates <u>-</u> (g) Devising procedures <u>-</u> (h) Emotional stability <u>-</u> (i) Promoting high morale <u>-</u> (j) Getting results |
| <u>+</u> (6) Forcefulness and aggressiveness as required. | <u>0</u> (22) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <u>-</u> (a) As leader <u>-</u> (b) As participant |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives. | <u>E</u> (23) Organizational interest, such as making of suggestions for improvement. |
| <u>E</u> (8) Initiative and the taking of appropriate action on own responsibility. | <u>E</u> (24) Ability to work under pressure. |
| <u>+</u> (9) Planning ability and its application to the work. | <u>E</u> (25) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <u>E</u> Dictation ability |
| <u>+</u> (10) Accuracy and attention to pertinent detail. | |
| <u>+</u> (11) Industry, including energetic, consistent application to duties. | |
| <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control. | |
| <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application. | |
| <u>0</u> (14) Technical or mechanical skills. | |
| <u>+</u> (15) Investigative ability and results: <ul style="list-style-type: none"> <u>0</u> (a) Internal security cases <u>0</u> (b) Criminal or general investigative cases <u>0</u> (c) Fugitive cases <u>+</u> (d) Applicant cases <u>0</u> (e) Accounting cases | |
| <u>0</u> (16) Physical surveillance ability. | |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): Applicant and SGE

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): Investigator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
(2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No
If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.
(b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING:

EXCELLENT

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

JRN

NARRATIVE COMMENTS

J. RICHARD NICHOLS
SPECIAL AGENT
WASHINGTON FIELD OFFICE

1. PERSONAL APPEARANCE AND PERSONALITY: SA NICHOLS has a businesslike personal appearance and is always well groomed. His very friendly and congenial personality is a definite asset to his daily contacts.
2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS: He is considered fully qualified to participate in raids and dangerous assignments.
3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION: NA
4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE, INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED: During the rating period he has been assigned to the Applicant Squad handling investigations principally in Montgomery County, Maryland. As the case load required his services were utilized in the major colleges in Washington, D. C. In addition, he is assigned approximately 100 SGE cases per month which are handled by an Investigative Clerk. The primary responsibility for these cases, however, remains with SA NICHOLS. He is a very enthusiastic employee and a very competent investigator. He has demonstrated he is capable of handling complicated and sensitive inquiries with a minimum of supervision. His investigations are most thorough and complete and the results thereof accurately reported. He is rated excellent in dictation and his performance during the period has been excellent.

Employee's initials *JRN*

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED: One through the SAC.
6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:
(List items taken into consideration on rating guide and check list.) NA
7. PARTICIPATION IN INFORMANT PROGRAMS: In view of his assignment he did not have the opportunity to participate in this program. He is aware of the Bureau's responsibilities in this field.
8. TESTIFYING EXPERIENCE AND ABILITY: None during period. Has previously appeared as a competent witness.
9. ACCOUNTING INFORMATION: NA
10. POLICE INSTRUCTION: NA
11. RESIDENT AGENTS: NA

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE: **NA**

13. FOREIGN LANGUAGE ABILITY: **NA**

Language in which proficient _____ .

Completed language school ☐ Yes ☐ No

Fluent in _____ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No

(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

Language

Read

Write

Speak

Understand

Frequency _____ language ability used during rating period:

Frequency of use of _____ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

(a) Agent is interested in administrative advancement. ☒ Yes ☐ No

(b) Agent is completely available for administrative advancement. ☒ Yes ☐ No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☒ Yes ☐ No

(d) If answer to (c) is "Yes," Agent's qualifications considered
☒ very good ☐ excellent ☐ outstanding

(e) If answer to (c) is "No," Agent considered to have potential for future administrative advancement. (If applicable, explanatory comments required.) ☐ Yes ☐ No

Rating: **EXCELLENT**



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA J. RICHARD NICHOLS	3/1/65	WASHINGTON FIELD

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted]	WIFE

Address
3806 JEFFRY STREET, SILVER SPRING, MARYLAND

Name (contingent beneficiary, if desired; use given first name if female)	Relationship
[Redacted]	DAUGHTER

Address
3806 JEFFRY STREET, SILVER SPRING, MD.

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address

Received By: [Signature]
Special Agent - Insurance Fund

MAR 11 1965

J. Edgar Hoover, Director

Very truly yours,

[Signature]
Special Agent

30

RECEIPT FOR GOVERNMENT PROPERTY
FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

10-22-64

I certify that I have received the following Government property for official use:

~~returned~~

New Commission Card with case # 2678 ✓

RETURNED:

Old Commission Card with case # 2678 ✓

READ

The Government property which you hereby acknowledge is charged to you and you are responsible for taking care of it and returning it when its use has been completed. DO NOT MARK OR WRITE ON IT OR MUTILATE IT IN ANY WAY.

Very truly yours, FILE

(Written
Signature)

(Typed
Signature)

J. Richard Nichols

NOV 23 1964

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 10/22/64

FROM : SAC, WFO

Attention: Personnel Section

SUBJECT: J. RICHARD NICHOLS
PHYSICAL EXAMINATION MATTERS

☐ Remylet _____
☒ ReBulet 10/9/64

☒ Re physical examination 9/24/64
☐ Dental work was completed on _____
☒ Vision has been corrected to 20/20 Employee specifically instructed

_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)
only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____

☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

① - Bureau
1 - WFO
GGD:mb
(2)

*No further
action nsc.
10/26/64
rej*

67-111-10000
10/26/64
11

THREE

SAC, WFO

10-9-64

Director, FBI

PERSONAL ATTENTION

FORREST F. BURGESS
~~L. RICHARD NICHOLS~~
WARREN L. ROWLANDS
SPECIAL AGENTS
PHYSICAL EXAMINATION MATTERS

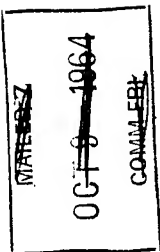
☐ ReBulet _____.☐ Reurlet _____.☒ Re Physical Examinations ~~9-25-64, 9-24-64 and 9-18-64~~.☐ Advise Bureau date captioned employee scheduled for physical examination.☐ Submit Physical Examination Report.☐ Advise Bureau re physical condition.☐ Advise Bureau if dental work has been completed.☒ Advise Bureau if vision has been corrected to 20/20.☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.
☐ Submit results of ☐ chest X ray, ☐ patch test,
☐ urinalysis, ☐ serology.
☐ Submit Bureau of Employees' Compensation forms.☐ Advise if medical bills submitted have been paid.☐ Submit reply by _____.

☒ Enclosed are copies of captioned employees' annual physical examination reports. These reports should be reviewed and initialed by them and placed in their field personnel files.

Enclosures

WGW
(6)27
DUPLICATE YELLOW

REPLY: ATTENTION PERSONNEL SECTION

MAIL ROOM ☐ TELETYPE UNIT ☐

Tolson _____
 Belmont _____
 Mohr _____
 DeLoach _____
 Casper _____
 Callahan _____
 Conrad _____
 Evans _____
 Gale _____
 Rosen _____
 Sullivan _____
 Tavel _____
 Trotter _____
 Tele. Room _____
 Holmes _____
 Gandy _____

FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE

SOCIAL SECURITY NUMBER

NICHOLS JEFFREY

462-18-9976

NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION

EFFECTIVE DATE

DATE OF LAST EQUIV. INCR.

892 - QUALITY INCREASE

896 - ADMIN. PAY INCREASE

893 - WITHIN GRADE INCREASE

897 - ADMIN. PAY DECREASE

894 - PAY ADJUSTMENT

OTHER (SPECIFY IN REMARKS)

4/25/65

4/28/63

GRADE OR LEVEL

STEP OR RATE

OLD SALARY

NEW SALARY

GS-13

STEP 5

\$13,135.00

\$13,755.00

DATA ON UNPAID ABSENCE

PERIOD(S)

TOTAL EXCESS

IN PAY STATUS AT END OF WAITING PERIOD

INITIALS

YES

3/2/65

EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED
27 APR 28 1965

JOHN EDGAR HOOVER
DIRECTOR

4/15/65
VED (DATE)
PERSONNEL FILE COPY

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 4/30/65

FROM : SAC, WFO

SUBJECT: J. RICHARD NICHOLS

(Employee)

WASHINGTON FIELD OFFICE

(Division)

ILLNESSES

Nature of illness: (Indicate extent of, description, and current condition under Remarks)				
<input type="checkbox"/> Accident	<input type="checkbox"/> Injury	<input type="checkbox"/> Disease	<input type="checkbox"/> Operation	(Date of surgery and postoperative condition must be indicated under Remarks)
Date sick leave commenced		Date ceased active duty	Expected date of return to duty	
Confined at: <input type="checkbox"/> Hospital <input type="checkbox"/> Residence				
Address:				

Remarks:

DEATHS

<input checked="" type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Spouse	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Other
CLINTON R. NICHOLS							
(Name of deceased)						(Relationship)	
Date and place of death							
4/30/65				Montgomery County, Maryland			

Remarks:

SA NICHOLS will be on annual leave through 5/3/65 at his home, 3806 Jeffry Street, Silver Spring, Maryland.

1 - Bureau

GGD:mb

(1)

b6
b7C

b6
b7C

WFO
REPORT OF MEDICAL EXAMINATION



1. LAST NAME—FIRST NAME—MIDDLE NAME <i>NICHOLS, J. RICHARD</i>			2. GRADE AND COMPONENT OR POSITION <i>SA</i>		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION <i>Annual</i>		6. DATE OF EXAMINATION <i>9/17/65</i>	
7. SEX <i>M</i>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH <i>9/5/14</i>		13. PLACE OF BIRTH <i>MD.</i>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>WARGH</i>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

NOR- MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 68, 69 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistular) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

*hp. basal cell CA at ear - 1952
no record*

REC-143

at my left Dept 2° may

*healed scar at ear - not shaved
hp basal cell CA no record*

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																	
O—Restorable teeth /—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	X																I
G																	G
H																	H
T																	T

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

*Cal. — Mod to Heavy
C.L. 2*

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <i>1.021</i>		46. CHEST X-RAY (Place, date, film number and result) <i>#</i>	
B. ALBUMIN	D. MICROSCOPIC	C-33153 - Normal	
C. SUGAR <i>None</i>	Eos. Neg. on 9/23/65		
47. SEROLOGY (Specify test used and result) <i>Non-Reactive</i>		48. EKG <i>WNL</i>	49. BLOOD TYPE AND RH FACTOR <i>—</i>
		50. OTHER TESTS <i>—</i>	

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT <i>74</i>	52. WEIGHT <i>190</i>	53. COLOR HAIR <i>Brown</i>	54. COLOR EYES <i>Brown</i>	55. BUILD: (Check one) SLENDER MEDIUM <u>HEAVY</u> OBESE	56. TEMPERATURE <i>98</i>
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)	
A. SITTING SYS. <i>120</i> DIAS. <i>70</i>	B. RECUMBENT SYS. DIAS.	C. STANDING (3 min.) SYS. DIAS.	A. SITTING <i>76</i>	B. AFTER EXERCISE	C. 2 MIN. AFTER
59. DISTANT VISION			60. REFRACTION		
RIGHT 20/ <i>20</i> CORR. TO 20/			BY S. OX		
LEFT 20/ <i>30</i> CORR. TO 20/ <i>30</i>			BY S. OX		
61. NEAR VISION			62. HETEROPHORIA (Specify distance)		
RIGHT 20/ <i>20</i> CORR. TO 20/			BY S. OX		
LEFT 20/ <i>30</i> CORR. TO 20/ <i>30</i>			BY S. OX		
63. ACCOMMODATION			64. COLOR VISION (Test used and result)		
RIGHT LEFT			<i>Normal</i>		
65. DEPTH PERCEPTION (Test used and score)			66. FIELD OF VISION		
UNCORRECTED			67. NIGHT VISION (Test used and score)		
CORRECTED			68. RED LENS TEST		
69. INTRACULAR TENSION <i>15.5</i>			70. HEARING		
71. AUDIOMETER			72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)		
RIGHT WV /15 SV /15			250 500 1000 2000 3000 4000 6000 8000		
LEFT WV /15 SV /15			250 500 1000 2000 3000 4000 6000 8000		
RIGHT			250 500 1000 2000 3000 4000 6000 8000		
LEFT			250 500 1000 2000 3000 4000 6000 8000		

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

77. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

78. TYPED OR PRINTED NAME OF PHYSICIAN

79. TYPED OR PRINTED NAME OF PHYSICIAN

80. TYPED OR PRINTED NAME OF DENTIST OR OPTICIAN (Indicate which)

81. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

SIGNATURE

SIGNATURE

ATTACHED SHEETS

Good

b6
b7C

☐ RIGHT HANDED ☐ LEFT HANDED

315

#12 1966
146

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. B. INABILITY TO PERFORM CERTAIN MOTIONS C. INABILITY TO ASSUME CERTAIN POSITIONS D. OTHER MEDICAL REASONS (If yes, give reasons)
		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
		30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
		31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
✓		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
		33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
		36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
		37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
		38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability)
		39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

SKIN CANCER OPERATION
ON RT. EAR - AGE - 40

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE J. RICHARD NICHOLS	SIGNATURE <i>J. Richard Nichols</i>
---	--

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

#1) notes to be placed to g
59(20) notes to g

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE 9/17/65	SIGNATURE	NUMBER OF ATTACHED SHEETS
--	-----------------	-----------	---------------------------

b6
b7C

**Attachment to Standard Form 88, Report of Medical Examination
For Information and Guidance of Medical Examiner**

Name of Examinee NICHOLS J. RICHARD
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. _____

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. _____

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis _____


67-1-1

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, examinee should ☐ lose _____ pounds
☐ gain _____ pounds

Remarks: _____


 (Signature of Medical Examiner)

9/17/65
 (Date)

b6
b7C

UNITED STATES GOVERNMENT

Memorandum

TO : Mr. Callahan

DATE: 8/17/65

FROM : C. R. Davidson *CRD*

SUBJECT: NEW OFFICERS
FBI AMERICAN LEGION POST
COMMENDATION MATTER

Tolson _____
Belmont _____
Mohr _____
DeLoach _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

SA [redacted] of the Washington Field Office assumed the post of Commander of FBI American Legion Post #56 at the Post's monthly meeting 8/13/65.

b6
b7c

Other newly elected officers of the Post are Vice Commanders, SA [redacted] of Crime Records Division, SA J. Richard Nichols of Washington Field Office, and [redacted] of the Exhibits Section, Administrative Division; Finance Officer, SA Donald T. Perrine, Crime Records Division; Judge Advocate, [redacted] Special Employee, Washington Field Office; Sergeant at Arms, [redacted] Identification Division Clerk; Color Bearers, SA [redacted] Tampa, and SA Winston T. Churchill, Detroit. At the Post meeting 8/13/65, Commander [redacted] reappointed SA Leonard M. Linton of Domestic Intelligence Division as Adjutant and SA Robert F. Milne of Washington Field Office as Chaplain.

b6
b7c

[redacted] was a Vice Commander of the Post last year. He succeeds Clerk [redacted] of the Files and Communications Division as Commander. [redacted] enjoyed a very successful year as Commander. During the year the Post won the Thad Dulin Trophy presented annually by the District of Columbia Department of the Legion to that Post sponsoring the most significant Boy Scout activity during the year. The Post also won the Virginia M. Harrison Child Welfare Trophy given annually to the Post with the best program of child welfare activities. As you know, FBI Post has for many years sponsored a Boy Scout troop at the District of Columbia Children's Center, for delinquent youngsters. It has also participated heavily in American Legion Boys' State, during the current year sending 5 high school boys to the weeklong study of government and civics which constitutes Boys' State. FBI Post membership strength reached a high level during [redacted] tenure, at 268 exceeding its quota of 257. One Post member, SA Thomas B. Coll of Crime Records Division, served the Department of the District of Columbia as its Commander during the year and was commended by the Director on this achievement. Commander Coll at the recent annual Department convention awarded [redacted] the Department's Bronze Medal for his outstanding service on a Department committee, the Hospital Visitation Committee.

b6
b7c

SA [redacted] has been a member of the Post for many years and there is every reason to believe that he too will have a successful year as Commander.

REC-148

44-204-13

AUG 20 1965

b6
b7c

WEC:sas
(4)

10TB XEROX

AUG 26 1965

OVER.....

1 - Mr. DeLoach

1 - Mr. [redacted]

Enclosures 18-65

Memorandum to Mr. Callahan
RE: NEW OFFICERS/FBI AMERICAN LEGION POST
COMMENDATION MATTER

RECOMMENDATIONS:

1. It is recommended the attached letter be sent to [redacted] congratulating him upon the fine record achieved by FBI American Legion Post #56 under his leadership.

b6
b7C

2. It is recommended the attached letter be sent to SA [redacted] congratulating him upon assumption of his duties as Post Commander and wishing him well during the coming year.

b6
b7C



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <i>J. RICHARD NICHOLS</i>	<i>5/26/65</i>	<i>WFO</i>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary)	Relationship
[Redacted]	<i>WIFE</i>

Address
<i>3806 JEFFRY ST. SILVER SPRING, MARYLAND</i>

Name (contingent if female)	Relationship
[Redacted]	<i>DAUGHTER</i>

Address
<i>3806 JEFFRY ST. SILVER SPRING, MARYLAND</i>

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☐ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of ~~agents killed in the line of duty other than travel accidents.~~

Name (primary beneficiary; use given first name if female)	Relationship
[Redacted]	<i>WIFE</i>

Address
<i>(SAME AS ABOVE)</i>

Name (contingent if female)	Relationship
[Redacted]	<i>DAUGHTER</i>

Address
<i>(SAME AS ABOVE)</i>

Payment of Fund
Special Agents Insurance Fund

Very truly yours,


J. Edgar Hoover Director

J. Richard Nichols
Special Agent


3-007

PAST SAFE DRIVING RECORD CERTIFICATION

TO BE FILLED IN BY OPERATOR

NAME OF OPERATOR (PRINT - LAST, FIRST, MIDDLE INITIAL) <i>NICHOLS, J. RICHARD</i>		DATE <i>3/11/65</i>
DIVISION AND SECTION ASSIGNED <i>FBI, WFO, 2A</i>	POSITION TITLE <i>SPECIAL AGENT</i>	
THIS IS TO CERTIFY THAT I PRESENTLY <input checked="" type="checkbox"/> HOLD <input type="checkbox"/> DO NOT HOLD A VALID MOTOR VEHICLE OPERATOR'S PERMIT OR DRIVER'S LICENSE.		
PERMIT ISSUED BY: (STATE, TERRITORY POSSESSION, DISTRICT) <i>MARYLAND</i>	PERMIT NUMBER <i>N. 242-429-738-691-R</i>	PERMIT EXPIRES <i>Sep. 1966</i>
THIS IS AN <u>UNRESTRICTED</u> (RESTRICTED) PERMIT. (IF RESTRICTED, EXPLAIN BELOW) (STRIKE OUT ONE)		
<p>THIS FURTHER CERTIFIES THAT DURING THE PAST THREE YEARS I HAVE DRIVEN A MOTOR VEHICLE (GOVERNMENT OR PERSONALLY OWNED) APPROXIMATELY <u>30,000</u> MILES. DURING THIS TIME (A) I <input type="checkbox"/> HAVE <input checked="" type="checkbox"/> HAVE NOT RECEIVED A TRAFFIC VIOLATION TICKET; (B) I <input type="checkbox"/> HAVE <input checked="" type="checkbox"/> HAVE NOT BEEN HELD AT FAULT* AS THE DRIVER OF A MOTOR VEHICLE INVOLVED IN A TRAFFIC ACCIDENT. IF AFFIRMATIVE ANSWER, PLEASE EXPLAIN IN ADJACENT SPACE GIVING NUMBER AND DATES OF OFFENSES.</p> <div style="text-align: right; margin-top: 20px;">  SIGNATURE OF OPERATOR </div>		
<p>* "AT FAULT" MEANS ANY CASE IN WHICH RESPONSIBILITY IS CONCEDED BY EMPLOYEE OR HIS INSURANCE COMPANY OR LIABILITY IS FIXED BY DULY CONSTITUTED AUTHORITY.</p>		

TO BE FILLED IN BY REVIEWING OFFICIAL

NAME OF REVIEWING OFFICIAL (PRINT - LAST, FIRST, MIDDLE INITIAL) DUFFY, GEORGE G.	POSITION TITLE SUPERVISOR	DATE 4/13/65
THE PERSONNEL FILE OF THIS EMPLOYEE HAS BEEN REVIEWED AND REFLECTS THE FOLLOWING INFORMATION CONCERNING THE OPERATION OF A MOTOR VEHICLE ON OFFICIAL BUSINESS DURING THE PAST THREE YEARS:		
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input checked="" type="checkbox"/> CONTINUOUS SAFE DRIVING RECORD <input type="checkbox"/> INVOLVED IN TRAFFIC ACCIDENT AND FOUND AT FAULT ** </div> <div> <p>I CERTIFY THAT THIS EMPLOYEE IS:</p> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> QUALIFIED ON THE BASIS OF HIS SAFE DRIVING RECORD TO OPERATE MOTOR VEHICLES ON OFFICIAL BUSINESS. </div> <div> <input type="checkbox"/> NOT QUALIFIED AND MUST DEMONSTRATE HIS QUALIFICATIONS BY SATISFACTORILY PASSING A ROAD TEST EXAMINATION BEFORE OPERATING A MOTOR VEHICLE ON OFFICIAL BUSINESS. </div> </div> </div>		
REMARKS:		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: left;"> <p><i>7-1101</i> <i>6 PM</i></p> <p>** "AT FAULT" MEANS ANY CASE IN WHICH THE BUREAU HAS TAKEN DISCIPLINARY ADMINISTRATIVE ACTION AGAINST THE EMPLOYEE.</p> </div> <div style="text-align: right;">  (SIGNATURE OF REVIEWING OFFICIAL) </div> </div>		

April 30, 1965

Mr. J. Richard Nichols
3806 Jeffry Street
Silver Spring, Maryland

APR 30 4 43 PM '65
REC'D-READING ROOM
FBI

Dear Mr. Nichols:

I want to express my deepest sympathy
to your family and you on the passing of your Father.

I do hope you will gain some solace from
knowing that your friends and associates in the Bureau
are thinking of you, and that we are sharing your sorrow.

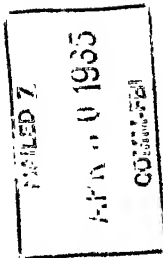
Sincerely,

J. Edgar Hoover

1- SAC, Washington Field Office (Personal Attention)

LJS

(4)



Mr. Duffy, of the Washington Field Office, telephonically advised the Leave
Office 4-30-65 of the death of employee's Father 4-30-65, and that employee
would be on leave at the above address through 5-3-65.

Tolson _____
Belmont _____
Mohr _____
DeLoach _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

MAIL ROOM ☐ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI

DATE: 10/22/65

FROM : SAC, WFO

Attention: Personnel Section

b6
b7CSUBJECT: J. RICHARD NICHOLS
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER☐ Remylet _____
☒ ReBulet 10/18/65☐ Re physical examination _____
☐ Dental work was completed on _____
☒ Vision has been corrected to 20/20 Employee specifically instructed_____ by _____ that he can operate a Bureau car
(date) (name of person giving instruction)

only when wearing the necessary glasses.

☐ Results of ☐ chest X ray ☐ patch test ☐ urinalysis ☐ serology were negative.
☐ Enclosed physician's statement indicates he is qualified for strenuous physical exertion and use of firearms.
☐ Enclosed are ☐ paid ☐ unpaid medical bills.
☐ Attached are Bureau of Employees' Compensation forms _____☐ Physical examination reports are enclosed.
☐ Employee is scheduled for physical examination on _____
☐ Physical examination report has been reviewed and initialed.
☐ Employee returned to active duty _____
☐ Employee's physical condition is _____
☐ UACB he is being removed from limited duty.
☐ UACB he is being placed on limited duty.

Remarks:

Enclosed is copy of statement from Department of Hospital Clinic, Walter Reed General Hospital, Washington, D. C., indicating recheck was made of employee's eyes with glasses and they were found to be 20/20 corrected in both eyes.

(1) - Bureau (Enc. 1)
1 - WFO
GGD:mb
(2)

THREE

[Redacted]

b6
b7C

Has rechecked
Mr. J. Richard Nichols
eyes with glasses and found
they are 20/20 corrected in
both eyes.

[Redacted]

b6
b7C

[Redacted]

Department of Hospital Clinic.
Walter Reed General Hospital
Washington 12 DC

SAC, WFO

10-18-65

Director, FBI

PERSONAL ATTENTION

**J. RICHARD NICHOLS
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER**

- ☐ ReBulet _____.
- ☐ Reurlet _____.
- ☒ Re Physical Examination 9-17-65 _____.
- ☐ Advise Bureau date captioned employee scheduled for physical examination.
- ☐ Submit Physical Examination Report.
- ☐ Advise Bureau re physical condition.
- ☐ Advise Bureau if dental work has been completed.
- ☒ Advise Bureau if vision has been corrected to 20/20.
- ☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.
- ☐ Submit results of ☐ chest X ray, ☐ patch test,
☐ urinalysis, ☐ serology.
- ☐ Submit Bureau of Employees' Compensation forms.
- ☐ Advise if medical bills submitted have been paid.
- ☐ Submit reply by _____.

☒ Enclosed is copy of annual physical examination report of captioned Agent. This report should be reviewed and initialed by Agent and placed in his field personnel file.

Tolson _____
Belmont _____
Mohr _____
DeLoach _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Tele. Room _____
Holmes _____
Gandy _____

Enclosure

JGC
(2)

REPLY: ATTENTION PERSONNEL SECTION

MAIL ROOM ☒ TELETYPE UNIT ☐

MAILED 19

OCT 18 1965

COMM-FBI

N P C
Q 58

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

DATE: 12/7/65

FROM : SAC, WFO

ATTENTION: PERSONNEL SECTION

SUBJECT: J. RICHARD NICHOLS
SPECIAL AGENT
PERSONNEL MATTER

Mr. Tolson	_____
Mr. DeLoach	_____
Mr. Mohr	_____
Mr. Casper	_____
Mr. Callahan	_____
Mr. Conrad	_____
Mr. Felt	_____
Mr. Gale	_____
Mr. Rosen	_____
Mr. Sullivan	_____
Mr. Tavel	_____
Mr. Trotter	_____
Mr. Wick	_____
Tele. Room	_____
Miss Holmes	_____
Miss Gandy	_____

b6
b7C

Enclosed herewith is copy of memorandum of captioned agent dated 12/7/65, which is being furnished for the Bureau's information.

This matter will be followed by this office and the Bureau advised of any further developments.

② - Bureau (Enc. 1)
1 - WFO
GGD:mb
(3)

14
[Signature]

EXP. PROC.

REC-144

87-244-316



2

DEC 11

34

THREE

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, WFO

DATE: 12/7/65

FROM : SA J. RICHARD NICHOLS

SUBJECT: [REDACTED]
PERSONNEL MATTER

b6
b7C

Due to [REDACTED] I have scheduled an appointment with [REDACTED] [REDACTED] Kensington, Maryland, at 10 a.m., [REDACTED]

b6
b7C

Prior to this consultation I thought best to advise the Bureau concerning my intentions to resolve [REDACTED] problem. I have been [REDACTED] for the past year [REDACTED]

b6
b7C

[REDACTED] calling or writing the Bureau and others [REDACTED] any action. She is [REDACTED] if I should question [REDACTED]

b6
b7C

For your information, during the entire period [REDACTED] I have not known or met [REDACTED]

b6
b7C

During the period [REDACTED] I have [REDACTED] without success. I am taking this action only as a last resort.

b6
b7C

You can be assured that my personal actions will be above reproach so as not to embarrass the Bureau. In this regard I will do all in my power to prevent embarrassment [REDACTED]

b6
b7C

② - WFO

JRN:mb

(2)

SEARCHED	INDEXED
SERIALIZED	FILED
DEC 7 1965	
FBI - WASH. F. O.	



SAC, WFO

10-28-65

Director, FBI

PERSONAL ATTENTION

J. RICHARD NICHOLS
SPECIAL AGENT
PHYSICAL EXAMINATION MATTER

☒ ReBulet 10-18-65

☐ Reurlet _____

☐ Re Physical Examination _____

☐ Advise Bureau date captioned employee scheduled for physical examination.

☐ Submit Physical Examination Report.

☐ Advise Bureau re physical condition.

Advise Bureau if dental work has been completed.

☒ Advise Bureau if vision has been corrected to 20/20.

☐ Submit statement from doctor advising if Agent is qualified for strenuous physical exertion and use of firearms.

☐ Submit results of ☐ chest X ray, ☐ patch test,
☐ urinalysis, ☐ serology.

☐ Submit Bureau of Employees' Compensation forms.

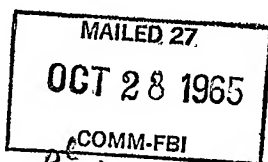
☐ Advise if medical bills submitted have been paid.

☐ Submit reply by _____

☐

Tolson _____
 Belmont _____
 Mohr _____
 DeLoach _____
 Casper _____
 Callahan _____
 Conrad _____
 Felt _____
 Gale _____
 Rosen _____
 Sullivan _____
 Tavel _____
 Trotter _____
 Tele. Room _____
 Holmes _____
 Gandy _____

JGC
 (2)



REPLY: ATTENTION PERSONNEL SECTION

MAIL ROOM ☒ TELETYPE UNIT ☐

UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

DATE: 1/7/66

FROM : SAC, WFO

ATTENTION: PERSONNEL SECTION

SUBJECT: J. RICHARD NICHOLS
SPECIAL AGENT
PERSONNEL MATTER

Remylet 12/7/65.

SA NICHOLS advised that he has discussed his [redacted] problem with [redacted] as indicated previously. SA NICHOLS has stated this problem has been resolved to the satisfaction of both him [redacted] and he foresees no further difficulty in this regard.

② - Bureau
1 - WFO
GGD:mb
(3)

REC-138

67- 81-7-317	
Searched	Numbered
7 JAN 14 1966	



Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

THREE
70

January 31, 1966

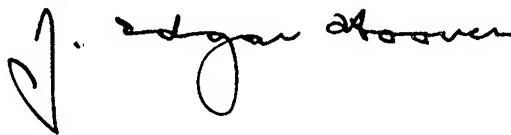
Mr. J. Richard Nichols
Federal Bureau of Investigation
Washington, D. C.

Dear **Mr. Nichols:**

It is a pleasure to commend you for the outstanding attitude you exhibited in reporting for duty today despite extremely hazardous travel conditions.

You demonstrated a sincere devotion to duty in considering your services so essential that in spite of an announcement that all Federal Government agencies would be closed you reported for duty. I do not want the opportunity to pass without advising you of my appreciation and that I have instructed that a copy of this letter be placed in your personnel file.

Sincerely yours,



1-SAC, WFO

(134)
67-NOT RECORDED
7 FEB 4 1966



**UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION**

*In Reply, Please Refer to
File No.*

Director
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C. 20535

Dear Sir:

For inclusion in the fund to be paid to the designated beneficiary of any Special Agent of the FBI who has previously contributed to this fund and who dies from any cause except self-destruction while employed as a Special Agent, I am forwarding herewith (by Check - Money Order) the sum of \$10, payable to S.A.I.F., to be included in said fund. Payment will be made for death by self-destruction after the Agent has been a member of the fund for a continuous period of two years. It is understood and agreed that the sum tendered herewith is a voluntary, gratuitous contribution to said fund which I understand is to be administered in the following manner.

The Director of the FBI will appoint a committee which shall consider all matters pertaining to the acquisition, safe keeping and expending of said fund, which committee will recommend appropriate action to the Director in pertinent matters. The Assistant Director of the Administrative Division of the FBI shall receive all contributions and account for same to the Director. Upon the death of any Special Agent who is a member of said fund the appointed committee will consider the case and submit a recommendation to the Director as to its conclusions. Appropriate instructions will then be issued to the Assistant Director of the Administrative Division, directing him to pay to the designated beneficiary the sum of \$10,000. The liability of the fund shall not under any circumstances exceed the amount of monies in the fund at the time any liability shall occur.

EXECUTE IN DUPLICATE AND SUBMIT BOTH COPIES TO THE BUREAU

Official Bureau Name (please type or print)	Date	Office of Assignment (or SOG Division)
SA <i>J. RICHARD NICHOLS</i>	<i>12/9/65</i>	<i>WFO</i>

The following person is designated as my beneficiary for Special Agents Insurance Fund:

Name (primary)	Relationship
[Redacted]	<i>WIFE</i>

Address	
<i>3806 JEFFRY ST, SILVER SPRING, MD</i>	

Name (contingent)	Relationship
[Redacted]	<i>DAUGHTER</i>

Address	
<i>3806 JEFFRY ST, SILVER SPRING, MD</i>	

Do you desire to designate the above-listed beneficiaries as the beneficiary and contingent beneficiary respectively of the Chas. S. Ross Fund as well? ☒ Yes ☐ No If not, the entire following portion must be executed.

The following person is designated as my beneficiary under the Chas. S. Ross Fund providing \$1500 death benefit to beneficiary of agents killed in the line of duty, other than travel accidents.

Name (primary beneficiary; use given first name if female)	Relationship

Address	

Name (contingent beneficiary, if desired; use given first name if female)	Relationship

Address	

Very truly yours,

Payment Received
Special Agents Insurance Fund

JAN 7 1966

J. Edgar Hoover, Director

J. Richard Nichols
Special Agent

UNITED STATES GOVERNMENT

Memorandum

Tolson _____
DeLoach _____
Mohr _____
Casper _____
Callahan _____
Conrad _____
Felt _____
Gale _____
Rosen _____
Sullivan _____
Tavel _____
Trotter _____
Wick _____
Tele. Room _____
Holmes _____
Gandy _____

TO : Mr. Gale

DATE: 2/7/66

FROM : A. B. Eddy

SUBJECT: [REDACTED]

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b7C

The above-captioned individual telephonically contacted the Bureau on 2/6/66, which call was referred to the weekend Supervisor [REDACTED] in Mr. Gale's Office.

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[REDACTED] claims he is [REDACTED] and appeared [REDACTED] when he called the Bureau. He stated [REDACTED] is a member of the [REDACTED] an organization [REDACTED] in the Washington, D. C., area. [REDACTED] stated his [REDACTED] and he believes [REDACTED] Nichols is employed by the FBI in Washington. [REDACTED] wanted a review of the Bureau files so that he might have the information available concerning the [REDACTED]

Mr. [REDACTED] was advised of the confidential nature of FBI files. A check of the indices discloses that SA John Richard Nichols is presently assigned to Washington Field Office. The indices do not indicate there is any other FBI employee in the Washington area who might be identical with the individual mentioned by [REDACTED]. SA John Richard Nichols entered on duty on 4/24/36 as a clerk, resigned on 4/23/38 and was reinstated on 7/1/38. He was appointed as a Special Agent on 9/30/40, but on several occasions thereafter returned to clerical status. On 8/16/48 he was again appointed as a Special Agent and has been assigned to the Washington Field Office since 9/20/54.

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ACTION:

REC-139

It is recommended that this memorandum be forwarded to the Administrative Division so that appropriate instructions can be issued to Washington Field Office to have SA Nichols contacted to determine if [REDACTED] and for any comment SA Nichols may wish to make concerning the allegation if [REDACTED] is known to him.

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1 - Mr. Gale
1 - Mr. Eddy

93 FEB 10 1966
CWH:jcz
(4)

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UNITED STATES GOVERNMENT

Memorandum

TO : DIRECTOR, FBI

DATE: 2/10/66

FROM : SAC, WFO

SUBJECT: J. RICHARD NICHOLS
SA, WFO

Pursuant to the Bureau's oral instructions of 2/9/66, I have discussed with SA J. RICHARD NICHOLS of this office the allegation made to the Bureau by [redacted] that [redacted] an FBI Agent in Washington, [redacted]

SA NICHOLS advises [redacted] He is the [redacted] of SA NICHOLS by [redacted] He lives in this area, exact address unknown, and is employed as a [redacted] N. W. He serves as [redacted] under the name [redacted].

It seemed to me it would be desirable to have SA NICHOLS prepare a chronological account of the development of this situation as known to him, and he has done so. His memorandum of this date is enclosed.

WFO indices are negative concerning [redacted]

[redacted]

2 - Bureau (Enc. 1)
1 - WFO
JDP:MCP
(3)



FEB 18 1966

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, WFO

FROM : *JRN* SA J. RICHARD NICHOLS

SUBJECT: [REDACTED]

DATE: 2/10/66

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[REDACTED] aka [REDACTED]
was born [REDACTED] at Washington, D. C., [REDACTED]
[REDACTED] His [REDACTED]
[REDACTED] was my [REDACTED]
at Bethesda, Maryland.

b6
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At a time when [REDACTED]
[REDACTED] with the sole purpose of going
to Florida for [REDACTED]. I closed up the home
we were renting at [REDACTED] N. W. Washington,
D. C., and [REDACTED] Mr.
and Mrs. [REDACTED] Chevy Chase, Mary-
land. My [REDACTED] had been [REDACTED] Chicago,
Illinois, and [REDACTED] and moved
to this area where he resumed [REDACTED]
business with great success. I moved back [REDACTED]
[REDACTED] Bethesda, Maryland, [REDACTED] fre-
quently. [REDACTED] returned from Florida [REDACTED]
and I continued employment with the FBI and we remained
[REDACTED]

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In June, 1943, I was drafted into the Armed Forces
and served in New Guinea and the Philippines for 15 months.
I had nearly 3 years service and was discharged on January 19,
1946, returning to employment with the FBI shortly thereafter.

In July, 1946, [REDACTED]
[REDACTED] and, on the advice of
[REDACTED]
[REDACTED] under
Maryland law.

b6
b7C

JRN:MCP



ENCLOSURE / 1-272 /

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

In December, 1947, I met my present wife, [redacted] who was at that time employed in the [redacted]. We were married quietly at her request on March 28, 1948, at Frederick, Maryland. On August 16, 1948, I received an appointment as Special Agent of the FBI and, after staying over in the WFO to take the D. C. Bar examination, reported to my first office at Omaha, Nebraska.

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On July 1, 1949, I received a transfer to Philadelphia, Pa., and my daughter, [redacted] was born on [redacted]

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b7C

My first wife was then employed [redacted] and received a transfer to Philadelphia, Pa., bringing [redacted] with her. On visits with [redacted] I learned [redacted]
[redacted] On an evening when [redacted] was visiting our apartment in New Jersey, [redacted]
[redacted] He was about [redacted]
She told me this [redacted]
[redacted]. He [redacted] and my wife, daughter and I [redacted] to Chevy Chase, Maryland. He had been associating with [redacted] N. W., Washington, D. C.

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On September 20, 1954, I received a transfer to Washington, D. C., and one evening [redacted] came to visit at which time [redacted]
[redacted]

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I did not call this to the attention of the Bureau because [redacted]
I saw him occasionally [redacted]
[redacted]

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The above situation has caused me considerable emotional concern. I have talked with my present pastor, [redacted] of the Glenmont Methodist Church, and a former pastor, Rev. MERRILL DRENNAN, a former FBI Agent. They could offer no solution, and I read the Bible for an answer. My conclusion was [redacted]
[redacted]

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[redacted] who believed strongly in his belief: to a point he joined [redacted] organization known as [redacted] of Washington.

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I have maintained occasional contact with [redacted] since 9/20/54, but with restraint so as to not jeopardize my family and not embarrass the Bureau.

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On one occasion [redacted] and [redacted] called me from Florida for money. I sent him \$50.00 [redacted] He later [redacted] and they are apparently [redacted] and I believe she was aware of [redacted]

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A few months ago, I received a telephone message from a [redacted] in Florida, which name was unknown to me, and I ignored his request to call him in Florida. He attempted on at least two more occasions to call me at work, but I had never heard of the man and I continued to ignore him.

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About 6 or 8 months ago, [redacted] called me saying [redacted] in Florida and was [redacted] He said [redacted] called the [redacted] on [redacted] N. W., where [redacted] is employed [redacted] and [redacted] so [redacted] has now moved to an unknown address [redacted] to avoid future calls.

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On a recent visit with [redacted] he informed me he was [redacted] and, approximately 2 or 3 months ago, he informed me he [redacted] of the [redacted] and was traveling to New York and elsewhere in connection with that organization. On the telephone 2 weeks ago, he stated he spoke to a large gathering at the Unitarian Church at Kensington, Md. It will be interesting to note [redacted] in the U. S., and they are attempting to secure recognition equal to the NAACP.

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[redacted] on a recent luncheon visit exhibited letters he prepared to Ministers, Priests and all high government officials, including the Director of the FBI, on behalf of the organization, and used the pen name of [redacted]

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[redacted] and the entire family retired and moved to [redacted] Florida, where they have been for several years.

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In conclusion, let me state that I do hope I might

[redacted]
[redacted] If the Bureau should ask me to do so, [redacted] I do not want to jeopardize my job or family. [redacted]
[redacted] talk with the FBI. He has [redacted] the FBI because I have informed him we only report the facts found and do not make decisions as to what dispositions should be made by an agency.

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It will be further noted [redacted] was formerly employed [redacted] throughout Washington, D. C., Florida and elsewhere. He is personally acquainted with many Congressmen and Senators and knows WILLIAM O. DOUGLAS, Justice of the Supreme Court of the United States.

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Per call to SAE, [redacted] 1/15/80.
The above statement was not intended to suggest the innocence that any of the above are connected with the [redacted]
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but SA Nichols is unable to show that [redacted] was well known in this area. [redacted]